



OneHome Alternate Process Referral Form

Date:

Person's UCI:

County:

Veteran: YES

NO

Has the OneHome Release of Information (ROI) been completed: YES

NO

Reason for the Referral:

Unable to Complete the Coordinated Entry Assessment

Household is at grave or imminent risk - prioritize immediately for housing

CE assessment incongruent with level of need - change level of prioritization

Request for Transfer

Advocate's Contact Information:

Last Name:

First Name:

Email:

Has this referral been discussed with the participant (check one)? YES

NO

Please give a brief description of the reason for this referral. Please describe the grave risk* the household faces in current living situation.

***"Grave risk"** in this case is defined as having or suffering from, but not limited to, an ailment(s), condition(s), or diagnosis/es that is/are terminal and/or are disproportionately exacerbated by homelessness itself and will not be resolved without housing.

What other interventions have been attempted already in housing or other service areas, and any lessons learned?

Housing History:

1. **OneHome Assessment completed (check one)?** YES NO
2. **Current living situation:**
3. **Housing History:**

4. **If requesting PSH, does this person meet the Department of Housing & Urban Development's (HUD's) definition of [Chronic Homelessness \(CH\)](#)?** YES NO
 - a) If yes, can CH be documented? YES NO
5. **Connections to community, including other organizations and service providers:**

6. **Client's Goals for Housing:**

Current Supports and History:

For the following categories, please describe the extent to which the subject may impact the person's daily living, any support systems in place informally or through a care team or case management, and/or history of treatment. There are no "right" or "wrong" answers below and information is used to help give the committee a full picture of a person's vulnerability rather than eligibility. Answering as completely and accurately as possible to the person's experience will assist the committee in supporting a housing outcome that is best suited to household's identified needs and choices.

1. **Substance Use:**

2. **Mental Health:**

3. **Medical Issues:**

7. **Any outstanding debts?** Yes No If yes, How much?

Please describe (Arrears, utility debt, etc.):

8. **Other tenant/landlord concerns:**

Official Use Only:

Community Champion:

Date of Consultation:

Disposition of Consultation: