

Referral for Transitional Housing Program at
Servant House
Greensboro, North Carolina

Referring Agency: _____ Date of Referral: _____

Contact Name: _____ Phone: () _____

Client Name: _____

Social Security #: _____ Date of Birth: _____

County of Residence: _____

Mailing Address: _____

Last Residence: _____

Income Amount: \$ _____ Income Source(s): _____

Healthcare Benefits: Yes No If yes, provide details. _____

Military Service: Yes No If yes, provide details. _____

Disability: _____

Medications (list): _____

Substance Abuse: _____

Legal Charges Pending: Yes No If yes, provide details. _____

Outstanding Warrants: Yes No If yes, provide details. _____

† Convictions: Yes No If yes, provide details. _____

Primary Medical Provider: _____

Medical Records Status: _____

PLEASE NOTE: Clearance is required from Healthcare for Homeless Veterans (HCHV) in Salisbury, North Carolina for any Military Veteran referred to Servant House.

Interview Scheduled for: _____

