

HOST Program Referral Form

(Homeless Outreach Stabilization & Transition)

Please send referrals to: HOSTReferrals@lifelineconnections.org Contact #: (360) 397-8246 ext. 32000

Minimum Eligibility Criteria: Person must be actively homeless and have suspected or known substance use or co-occurring conditions

Referral Source Information	
Referring Agency/Individual	Date of Referral
Phone Number	Email
Referred Individual's Information	
Referred Individual's Name (or preferred name)	
Referred Individual's Date of Birth, Age or Estimated Age	
Additional Eligibility Criteria: Please select all that apply:	
<input type="checkbox"/> Long history of homelessness <input type="checkbox"/> Observable functional deficits <input type="checkbox"/> Barriers to social functioning <input type="checkbox"/> Lacks service connections & resources <input type="checkbox"/> Vulnerable to predatory behavior <input type="checkbox"/> Needs intensive case management in the community to receive services <input type="checkbox"/> Barriers to accessing care such as no insurance, no citizenship or barriers due to being vulnerable or marginalized	
Location	
(where the referred individual can be found, include dates/times, if known: If in a facility include discharge date)	
Primary Reasons for Referral	
(substance use interventions, accessing medical care, psychiatric medication, basic needs/survival, short or long term shelter/housing, disability assistance, etc.)	
Physical Description	
(i.e. estimated weight, height, race, gender, hair color/style, clothing, notable belongings (i.e. "green back pack") and other identifying features (i.e. scars,	
Outreach/Engagement Strategies	
(i.e. "this person really likes granola bars", "this person likes to talk about art", "this person fears the government")	
Referred Individual's Clinical History (if known)	
Behavioral Health History	
Mental Health History (include past and current diagnoses)/Substance Use History (include past and current diagnoses)	
Risk Assessment	
(include assault history, criminal history, current or past suicidal or homicidal ideation or behavior)	
<small>This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at § 2.12(c)(5) and 2.65.49.</small>	
LLC INTERNAL USE	
Date Received: _____ Eligible: ___ Not Eligible: ___ Waitlist: ___ Reason: _____	