

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
RECOVERY HOUSING
REFERRAL FORM**

ATTACHMENT I

The information provided below will be used to determine program eligibility and the most appropriate Recovery Housing site.

REFERRING ENTITY INFORMATION	
Date of Referral: _____ Referring Staff Name: _____ Referring Staff Phone Number: _____ Alternate Contact Name: _____ Alternate Contact Phone Number: _____	Name of Referring Organization (skip if self-referral): _____ Referring Staff Title (skip if self-referral): _____ Referring Staff Email Address (skip if self-referral): _____ Alternate Contact Title (skip if self-referral): _____ Alternate Contact Email Address (skip if self-referral): _____
Referring Entity Type: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SUD Treatment Provider <input type="checkbox"/> Housing Navigator <input type="checkbox"/> SASH <input type="checkbox"/> Self-referral </div> <div style="width: 45%;"> <input type="checkbox"/> Other Service Provider, please specify: _____ <input type="checkbox"/> CORE <input type="checkbox"/> CENS <input type="checkbox"/> CARE Court </div> </div>	
Referral - PARTICIPANT INFORMATION	
Participant Name (First, Middle, Last): _____ DOB: _____ Client Identification Number (CIN): _____ HMIS# (if known): _____ Matched to Housing Resource? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. How long has the participant been experiencing homelessness? _____ 2. Has the participant been engaged in substance use disorder (SUD) treatment and/or Recovery Bridge Housing (RBH) in the past 90 days in the SAPC SUD Treatment System? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the client in need of a stable, safe, and abstinence-based living environment to best support their substance use recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Participant Demographics</u> Is the participant of Mexican/Hispanic/Latino descent? <input type="checkbox"/> Yes <input type="checkbox"/> No Race/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native/Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Prefers Not to Answer Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Culturally Specific Identity (e.g. TwoSpirit): <input type="checkbox"/> Transgender <input type="checkbox"/> Nonbinary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Participant Does Not Know <input type="checkbox"/> Participant Prefers Not to Answer Bed preference: Indicate the participant's gender bed preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Prefers not to Answer Veteran Status: Is the participant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No CARE COURT Status: Is this participant a CARE Court participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Current Location: <input type="checkbox"/> SPA 1 - Antelope Valley <input type="checkbox"/> SPA 2 - San Fernando Valley <input type="checkbox"/> SPA 3 - San Gabriel Valley <input type="checkbox"/> SPA 4 - Metro LA (Non Skid-Row) <input type="checkbox"/> SPA 4 - Skid Row Only <input type="checkbox"/> SPA 5 - West LA <input type="checkbox"/> SPA 6 - South LA <input type="checkbox"/> SPA 7 - South East LA <input type="checkbox"/> SPA 8 - South Bay/Long Beach	

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
RECOVERY HOUSING
REFERRAL FORM**

ATTACHMENT I

PARTICIPANT INFORMATION

1. Did the participant exit an institution within the last 90 days? ☐ Yes ☐ No If yes, specify the discharge date:
Select type of Institution: ☐ Jail/Prison ☐ Hospital ☐ Emergency Room ☐ Substance Use Treatment Facility
☐ Foster Care ☐ Detention Center ☐ Residential Care Facility
2. **Select any conditions that apply to the participant.**
☐ Medical: ☐ Mental Health: ☐ Recent Substance Use ☐ Cognitive Impairments:
☐ The participant does not have any of the above issues.
3. Is the participant willing to reside in a recovery-oriented environment? ☐ Yes ☐ No
4. Is the participant willing to sleep on a top bunk of a bunk bed? ☐ Yes ☐ No
5. Is there any SPA(s) where the participant would prefer to live in Recovery Housing? Select all that apply.
☐ SPA 1 - Antelope Valley ☐ SPA 2 - San Fernando Valley ☐ SPA 3 - San Gabriel Valley ☐ SPA 4 - Metro LA
☐ SPA 5 - West LA ☐ SPA 6 - South LA ☐ SPA 7 - South East LA ☐ SPA 8 - South Bay
6. Are there any city/cities where the participant would prefer to live in Recovery Housing? ☐ Yes ☐ No If yes, specify:

7. Does the participant have a Recovery Housing provider(s) preference? ☐ Yes ☐ No If yes, specify:

8. Is the participant willing to go to an alternate provider? ☐ Yes ☐ No
9. Is there any SPA(s) where the participant **CANNOT** live in Recovery Housing? Select all that apply.
☐ SPA 1 - Antelope Valley ☐ SPA 2 - San Fernando Valley ☐ SPA 3 - San Gabriel Valley ☐ SPA 4 - Metro LA
☐ SPA 5 - West LA ☐ SPA 6 - South LA ☐ SPA 7 - South East LA ☐ SPA 8 - South Bay
10. Is there any city/cities where the participant **CANNOT** live in Recovery Housing?
☐ Yes ☐ No If yes, specify: _____
11. **Select all that apply to the participant.**
☐ Cannot climb stairs ☐ Independently uses walker/cane/crutches
☐ Independently uses a motorized wheelchair ☐ Independently uses a manual wheelchair
☐ Significant visual impairment ☐ Significant auditory impairment
☐ Needs bottom bunk ☐ Other additional information, specify: _____
12. **Does the participant/household have a service animal(s) that will accompany them into Recovery Housing?**
☐ Yes ☐ No
- If yes, # of animals: _____ Weight: _____ Type: _____

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) BUREAU
RECOVERY HOUSING
REFERRAL FORM**

ATTACHMENT I

HOUSEHOLD INFORMATION

(Only complete if the participant is pregnant or requesting to be housed with children)

1. Is the participant pregnant? ☐ Yes ☐ No If yes, how many weeks? _____

2. Is the participant requesting to be housed with minor children? ☐ Yes ☐ No

If so, please list the information of the minor children below:

Name: _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No

(If there are more minor children to be housed with participants, provide the above-requested information in the "Additional Information" section below.)