

SCHUYLKILL COUNTY BRIDGE HOUSE

REFERRAL FORM

***This form is to be completed by staff person referring client to Bridge House. Please be sure to give the client a copy of the Bridge House Client Manual to review.**

DATE: _____

NAME: _____

CURRENT ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SCHUYLKILL COUNTY RESIDENT: _____

SOCIAL SECURITY NUMBER: _____

REFERRING AGENCY: _____

CONTACT PERSON FROM AGENCY: _____

PHONE: _____ **EMAIL:** _____

DATE OF BIRTH: _____ **MARITAL STATUS:** _____

CHILDREN: _____ **AGE:** _____

_____ **AGE:** _____

_____ **AGE:** _____

_____ **AGE:** _____

WILL CHILD/CHILDREN BE LIVING AT BRIDGE HOUSE ALSO? _____

REASON FOR REFERRAL: _____

D/A RECOVERY

LOW INCOME/HOMELESS

DOMESTIC VIOLENCE

APPLIED TO POTTSVILLE HOUSING AUTHORITY? _____

DATE _____

CRIMINAL BACKGROUND: _____

This form should be completed and signed by the client. Please check all lines that apply. In order to be eligible for Bridge House services, all of the following items must be checked off, if applicable.

1. Client is a Schuylkill resident. _____
Residing Status _____
2. Client is without permanent housing. _____
3. Client's income is at or below 125% of current Poverty Level guidelines. _____
4. Client has no pending criminal charges – (details needed) if yes,
why _____

5. Client has no convictions for violent crime. _____
6. Client is not actively using Drugs or Alcohol. _____
7. If client is in recovery from drugs/alcohol, he/she has recently completed a 28 day treatment program or 10 out-patient counseling sessions. _____
How Long _____
Treatment Facility _____
8. Client agrees not to take the following medications while living at Bridge House: narcotics, opiates, benzodiazepines, and over the counter medications containing alcohol.

9. Client is willing to submit to random Drug & Alcohol testing while living at Bridge House. _____
10. Client is willing to abstain from all Drug & Alcohol use while living at Bridge House. _____
11. If client is a victim of domestic violence, he/she has been separated from the abuser for at least 3 weeks. _____
12. If an abuse victim, client does not plan to return to the abuser. _____
13. Client is willing to work with Bridge House staff to make personal changes

that will improve living skills, to participate in all program activities, and to follow all program rules and regulations.

13. Client is willing to stay at Bridge until his/her goal plan is completed, up to 12 months maximum.

CLIENT SIGNATURE _____

DATE _____

*Please email both completed forms to ecola@schuylkillcommunityaction.com or fax to (570) 624-7661.