

REFERRAL SHEET

To Be Completed by BSAS Approved Site

Referral Information

Date _____

From (Referring Program) _____ To (RRH Provider) _____

What is the anticipated discharge date _____

If the discharge date is less than 60 days from date of referral, please note that it may take longer to secure an available unit.

Client Information

Name _____ D.O.B _____ Phone _____

Primary Language _____

Number of Adults in Household _____ Number of Dependents _____ Ages _____

Desired City(ies) for Housing _____

Needs assistance with obtaining Housing _____ Rental/Utility Arrears _____ Other _____

Eligibility Criteria

Yes	No	Does the individual have a case manager/peer recovery specialist assigned to them in the community? Name _____ Contact# _____
Yes	No	Does the individual have or will have sufficient income to sustain independent living? If you answered no, the individual may not be eligible for SOR RRH. What is the individual's primary source of income?
Yes	No	Does the individual have a history of Opioid Use Disorder, Stimulant use Disorder?
Yes	No	Is the individual at risk of experiencing homelessness or housing insecurity?
Yes	No	Is the individual head of household?

Please provide additional information on sustainability plan (example; are they enrolled in job training, working FT, plan to return to work, etc.):

Please fax or scan referral form to your regional SOR Rapid Re-housing Provider Victory Programs, Inc.

Esther Briddell
Victory Programs Inc.
Housing Program Director - Paths To Victory
434 Mass Ave 2nd Fl Boston, MA 02118
Ebriddell@vpi.org
(617) 904-2799 Ext 156
Work Cell 617-581-2900

