

DBHIDS Workforce Universal Referral Form

Referral Provider Information

Name: _____ Title: _____
 Organization: _____ Address: _____
 Phone: _____ Email: _____

Information Regarding Individual Being Referred

Legal Name: _____ Preferred Name: _____
 Pronouns: He/Him She/Her They/Them Other: _____
 DOB (required): ___/___/_____ Last 4 of SSN (if available): _____
 Is Individual eligible for Health Choices (Medicaid): Yes No Already Enrolled Unsure N/A

Contact Information for Individual Being Referred

Phone: _____ Address: _____
 Email: _____
 Do you give your permission to be reached by text message? Yes No N/A

Demographic Information *(Select all that apply)*

Gender:

- Woman
 Man
 Non-Binary or Queer
 Cisgender
 Transgender

Race:

- Black/African American
 White/Caucasian
 Asian
 Native or Indigenous
 Other: _____

Ethnicity:

- Hispanic/Latinx
 Non-Hispanic Latinx
 Pacific Islander
 Other: _____

Areas of Need

This Individual has moderate to severe functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following areas of need *(check all that apply)*:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Social
(e.g., developing a social support system, community building, community engagement) | <input type="checkbox"/> Self-maintenance
(e.g., managing symptoms, understanding their illness, managing money, living more independently) | <input type="checkbox"/> Educational
(e.g., obtaining a high school diploma or GED, college degree, or certification/license) | <input type="checkbox"/> Vocational
(e.g., obtaining part-time or full-time employment) |
|---|--|--|--|

Reason For Referral

Referral Program (pick three programs using the scale below)

1- most interested, 2- 2nd most interested, 3- interested

- | | |
|--|---|
| <input type="checkbox"/> COMHAR: Open Door Clubhouse | <input type="checkbox"/> Horizon House: Supported Employment (Psych eval is needed) |
| <input type="checkbox"/> First Step Staffing | <input type="checkbox"/> Horizon House: Education Plan |
| <input type="checkbox"/> Pathways to Housing PA Work First | <input type="checkbox"/> The Consortium: Supported Employment |

Please complete this form and send to: DBHIDSWorkforce@phila.gov.

Please also contact this email with any questions or concerns.

Date Received ___/___/_____

Date Reviewed ___/___/_____

Approved by: _____
 (Name and Title)

External Program Notified ___/___/_____