**Doors of Hope Geauga Referral Form**

Date Form Completed \_\_\_\_\_\_\_\_\_\_\_\_ Name of person completing form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doors of Hope Geauga offers services to all Geauga families that present as homeless. Families of any composition are eligible, but they must include at least one child under the age of 18. (Note: under specific circumstances, individual homeless women may also be considered for referral.) The organization believes strongly that its services are best delivered in a shared living facility with common areas conducive to developing a sense of community and support. Families will have a private bedroom but will share a communal living space (ex: shared bathrooms, living area, and kitchen) and basic accommodations (ex: food, laundry, children’s toys). The agency offers families shelter that is secure, clean, and provides space for families to grow in all aspects of family life while they work with staff to secure permanent housing.  **All program participants will be required to follow agency guidelines, participate in agency programs, work toward agreed upon goals, and actively pursue housing and employment in order to be housed in the shelter.**

1. Name of head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female  Gender other than singularly male/female

Transgender  Decline to answer

Race:  American Indian, Alaskan native, or Indigenous  Black, African American

Native Hawaiian Pacific Islander  White  Asian  Decline to answer

Ethnicity:  Hispanic, Latina (o) (x)  Non-Hispanic, Latina (o) (x)  Decline to answer

1. List any minor children currently in your care (under the age of 18):

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

1. List any minor children that you may be in the process of reuniting with:

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

1. **Including yourself**, please provide the following information for those in your household that

are 18 or older: (Information is collected for the purpose of a background check)

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

1. Do you intend to move into permanent housing as a family with other adult(s) listed above?

Yes No

1. Primary language:  English  Spanish  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is anyone in the family currently pregnant? Yes No Approx Due Date: \_\_\_\_\_\_\_\_\_\_\_\_
3. Have you or anyone in your family been convicted of any criminal offenses within the past 10 years? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you or anyone in your family currently experiencing a health or physical safety emergency? (mark “yes” to physical safety emergency if you are actively fleeing a domestic violence situation)

Health Emergency Yes No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Safety Emergency Yes No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently residing in Geauga County? Yes No

If yes, what city? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did you stay last night?

In our apartment/house  In someone else’s apartment/house

In a hotel we pay for ourselves  In a hotel paid for by an agency/charity

In a shelter or transitional Housing  In a residential garage, barn, or shed

In a car, recreational vehicle, trailer  Outdoors in a park, in a tent, etc.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does anyone in your family have a disability or mobility issues? Yes No

Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they require a wheelchair or walker? Yes No

1. Are you able to take medications independently, as prescribed? Yes No

Do you need assistance managing your medications? Yes No

1. What is your primary phone #? ( ) - Alternate phone #? ( ) -

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have immediate access to your email? Yes No

1. What is the best time to reach you?  8-11am  11-2pm  2-5pm  Other: \_\_\_\_\_\_\_\_

Other Additional Information, including reason you are seeking shelter at this time:

Please email the completed form to [Kristin1@dohgeauga.org](mailto:Kristin1@dohgeauga.org) or call 440.321.7984 for additional information regarding the referral process.