



PROJECT HOME INDY
healthy options for mom & baby

Project Home Indy Referral Form

Before making a referral, please confirm that your client meets the following criteria:

We accept young women who:

- Are 15 to 19 years old at the time of intake
- Are at risk of homelessness
- Are pregnant OR parenting one child under the age of 3
- Are interested in long term housing for up to two years while they build skills to become self sufficient
- Are willing to participate in education, whether that is completing a high school education, a GED class, vocational education, or secondary education
- Are willing to follow program rules and requirements
- Are committed to a drug, alcohol and tobacco free environment
- Are committed to building on their existing parenting skills and planning for their future as an independent family

Please note:

Project Home is not able to accept residents who have a documented history of violence, arson, or dealing drugs

Information about Referral Source:

Your name: _____ Title: _____

Organization you represent: _____ Phone number: _____

Email: _____

Length of time you have known the client: _____

In what capacity: _____

Client Information:

Name: _____ DOB: _____

Client is _____ weeks pregnant OR client has a child who is _____ old.

DESCRIPTION OF NEED FOR SERVICES:

Describe client's current living situation:

Describe client's interest in living at Project Home Indy:

DRUG AND ALCOHOL USE:

Describe client's history of drug and alcohol use, if any:

MENTAL HEALTH:

Describe client's mental health history, if known:

MEDICAL INFORMATION:

Client's current medical provider, if any: _____

Date of last medical check-up: _____

If pregnant, has client had pre-natal care? _____

If yes, please describe the extent of services: _____

If client has a child, please list the last date of medical check-up for the child: _____

Please list any critical medical issues, including conditions for which the resident and/or her child need prescription medication:

CRIMINAL HISTORY:

If the client has a criminal history, please list dates of arrests, charges pressed, and any convictions. Please include sentencing information. If client is currently on probation, please list conditions of probation:

PARENTING:

Describe client's current parenting abilities and needs:

SUPPORT SYSTEM:

Please describe client's support system, both formal and informal networks:

FAMILY:

If client is under 18:

Are client's parents and/or guardian aware of her interest in living at PHI? Please describe their involvement with this referral, and list guardian's name and contact information:

EDUCATION:

Please describe client's educational history, including whether or not they are currently attending school, or their last date of attendance and grade level. Please include name and location of school.

CLIENT'S GOALS:

Please list 3 short term and 3 long term goals that the client has:

Short Term:

- 1.
- 2.
- 3.

Long Term:

- 1.
- 2.
- 3.

For the client:

If client is able to write, please have her write about the reasons she would like to live at PHI, and her commitment to reaching self-sufficiency. If client is unable to write, please write the client's response in her own words.

Signature of Referring Individual: _____ Date: _____

Signature of prospective resident: _____ Date: _____

This form can be scanned and emailed to info@projecthomeindy.org, or mailed to:
Project Home Indy, PO Box 683, Indianapolis, IN 46206

This form will be reviewed by the Program Administrator, and the referral source will be contacted as soon as possible to discuss placement. Please attach any additional information that may be helpful, including transcripts.