

HORIZON HOMES, INC

IRTS Referral Form

Submit Form To: irts.referral@horizonhomes.org



Date: _____ Time: _____

Referral Source and Contact Information: _____

DEMOGRAPHICS

Name: _____ D.O.B.: _____ Phone Number: _____

Address: _____

County of Residence: _____ County of Financial Responsibility: _____

Social Security #: _____

Veteran/active in the military? ☐ Yes ☐ No

Do you have any children: ☐ Yes ☐ No If yes, are your children in your custody? ☐ Yes ☐ No

Cultural Considerations: _____

COMMUNITY SUPPORTS

Case Manager: _____ Aware of Referral? ☐ Yes ☐ No

Legal Status: ☐ VOLUNTARY ☐ COMMITMENT: _____

Guardian: ☐ Yes ☐ No If yes, Name: _____ Phone/Fax/Email: _____

Psychiatrist: _____ Therapist: _____ Emergency Contact: _____

Other Providers: _____

I, _____, give Horizon Homes, Inc. permission to contact the entities listed above to gather needed information to facilitate my referral to the Horizon Homes, Inc. IRTS program.

Signature

Date

MENTAL HEALTH

Mental Illness Diagnosis/Symptoms: _____

Hx of psychiatric hospitalizations? ☐ Yes ☐ No Where/dates? _____

History of SI/attempts? ☐ Yes ☐ No Method: _____ History of SIB? ☐ Yes ☐ No Type: _____

Current suicidality? ☐ Yes ☐ No Plan? _____ Current SIB? ☐ Yes ☐ No Type: _____

Areas to address during IRTS stay:

MEDICAL CONSIDERATIONS

Medical Needs/Concerns (including mobility issues): _____

Primary Care Provider Name and Organization: _____

Taking Meds as Directed? ☐ Yes ☐ No ☐ N/A Meds in original bottles and/or scripts? ☐ Yes ☐ No

Pharmacy Information: _____

SUBSTANCE USE

Drinking/Drug Use in the last 24 hrs/currently under the influence? ☐ Yes ☐ No Specify: _____

History of Drinking/Drug Use? ☐ Yes ☐ No Specify: _____

Providers Related to Substance Use: _____

LEGAL CONCERNS

Legal Issues/History of Violence? ☐ Yes ☐ No Specify: _____

Probation Officer (if applicable): _____

FINANCIAL

Insurance Company: _____ Insurance ID: _____

Financial Worker: _____

Do you receive (check box): ☐ GA ☐ SSI ☐ RSDI

I, _____, give Horizon Homes, Inc. permission to access my insurance information to facilitate my referral to the Horizon Homes, Inc. IRTS program.

Signature

Date

***PLEASE EMAIL THIS COMPLETED FORM TO: irts.referral@horizonhomes.org**