

My Fellow Man Alliance

Homeless Referral – Bed Inquiry Form

Please Type or Print Neatly and Clearly.
Fax completed forms to (713) 780- 2414 for review.

Client Name:	Social Security #:	Birth Date:	
Client Present Location:	Ethnicity:	Age: <small>(Min. age to participate in program is 25yrs of age)</small>	Sex:
Referral Made By:	Title/Position:	Agency/ Hospital Name:	
Agency/ Hospital Address:	Contact # and Extension:	Fax Number:	

Please Answer The Following Questions in Detail:

Criminal History	<ul style="list-style-type: none"> - Has the client ever been convicted? 	<ul style="list-style-type: none"> - If Yes, for what? 	<ul style="list-style-type: none"> - How long was the client incarcerated? - Is the client currently on parole?
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Substance Abuse	<ul style="list-style-type: none"> - Does/ has the client suffered from substance abuse issues? <p style="text-align: center;">Yes/No <small>(Please Circle One)</small></p>	<ul style="list-style-type: none"> - If Yes, for what? 	<ul style="list-style-type: none"> - How long was the client addicted? - Has the client/ is the client currently enrolled in any treatment programs?
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Drug Testing	<ul style="list-style-type: none"> - When was the exact date of the client's last drug test? 	<ul style="list-style-type: none"> - What were the results of the drug test? <p style="text-align: center;"><small>(My Fellow Man Alliance requires a copy of the most recent drug test results.)</small></p>	<ul style="list-style-type: none"> - If placed, is the client willing to be randomly drug tested at My Fellow Man Alliance and/ or the homes discretion? <p style="text-align: center;">Yes/No <small>(Please Circle One)</small></p> <ul style="list-style-type: none"> - Client Signature: <hr style="border: 1px solid red;"/>
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Personal History <small>(Answered by Case Manager)</small>	<ul style="list-style-type: none"> - To your knowledge has the client been Homeless for a year or more? <p style="text-align: center;">Yes/No <small>(Please Circle One)</small></p> <ul style="list-style-type: none"> - How long has the client been homeless? 	<ul style="list-style-type: none"> - Has the client had at least four episodes of homelessness in the past three years? <p style="text-align: center;">Yes/No <small>(Please Circle One)</small></p> <ul style="list-style-type: none"> - Where was the client living prior to becoming homeless? 	<ul style="list-style-type: none"> - Does the client have any family in Houston? <p style="text-align: center;">Yes/No <small>(Please Circle One)</small></p> <ul style="list-style-type: none"> - If Yes, where? - Does the client communicate with them?
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Education/ Skills	<ul style="list-style-type: none"> - What is the client's highest level of education? 	<ul style="list-style-type: none"> - Does the clients have any special skills or trade? 	<ul style="list-style-type: none"> - Is the client able to work? <p style="text-align: center;">Yes/No</p> <ul style="list-style-type: none"> - If able to work, does the client agree to actively seek employment under the guidelines set forth by My Fellow Man Alliance and our Resource Partners? (Y/N) <ul style="list-style-type: none"> - Client Signature: <hr style="border: 1px solid red;"/>
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Benefits History	<p>- Is the client receiving any governmental subsidies/ insurance cards?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p>	<p>- If Yes, please list all subsidies and/ or insurance cards the client is receiving.</p> <p>- How long has the client been receiving the subsidies?</p>	<p>- If No, has the client applied for any governmental subsidies?</p> <p>- What subsidies did the client apply for and when?</p>
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Diagnosis/ Special Needs	<p>- Does the client have a disabling condition?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p> <p>- What is the client's full diagnosis?</p>	<p>- Is the client consider under state statutes to have a mental illness?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p> <p>- If Yes, please describe the clients mental illness and how it affects their daily living.</p>	<p>- Does the client require any special physical, mental or dietary needs?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p> <p>- If Yes, please list all special needs required.</p>
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Medication	<p>- Does the client require medication?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p>	<p>- If Yes, please list each medication and their specific purpose.</p>	<p>- Can the medication be taken independently?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p> <p>- If the client is placed, can your agency/ hospital provide the client with a 2 Week supply of all required medication?</p> <p style="text-align: center;">Yes/No (Please Circle One)</p>
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Client Agreement:

(To Be Signed In Front of a My Fellow Man Employee)

To be accepted into the MFMA Bed Lease Program clients must be by definition Chronically Homeless; continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. If accepted into the My Fellow Man Alliance's (MFMA) Bed Leasing Program; I _____, agree to allow MFMA and any of its employees to track my progress while in the program and I grant MFMA and its employees access to any and all personal or medical information requested or needed as it relates to my progress in the program. I also agree to work with any/all Resource Partners referred to me by MFMA as it applies to my personal and professional progress. I also agree to adhere to and follow all MFMA rules and regulations for the Bed Leasing Program and to adhere to and follow all rules; including but not limited to curfew, medication storage, and meal policies, set forth by the personal care home I am placed in. Any breach of this agreement will automatically forfeit my acceptance into MFMA's Bed Leasing Program and will result in my immediate removal from the personal care home.

Client Signature: _____ Print: _____ Date: _____

MFMA Employee Signature: _____ Print: _____ Date: _____

Case Manager Signature: _____ Print: _____ Date: _____