RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Applicant’s Name) ( Print Case Manager’s Name)

**Select code for type of referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| **A&D = Alcohol or drug services** | **DV – Domestic Violence** | **J = Job Assistance** | **O = Other** |
| **B = Basic Needs** | **E = Education** | **M = Mental Health** |  |
| **C = Child Care** | **H = Health/Dental** | **S = Safety** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Type of Referral** | **Referred To:**(Include agency, program and contact name) | **Follow-Up Date** | **Follow-Up Results** (Include alternatives if referral declined or agency can’t accept client) |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
| **Date** | **Referred To:**(Include agency, program and contact name) | **Follow-Up Date** | **Follow-Up Results** (Include alternatives if referral declined or agency can’t accept client) |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |
|  | [ ]  ROI Not Needed [ ]  ROI Needed [ ]  ROI Complete |  |  |