

LHM FOUNDATION'S HORIZONS TRANSITIONAL HOUSING PROGRAM

PROGRAM PARTICIPANT REFERRAL FORM

INSTRUCTIONS: Any agency or organization working with individuals or families experiencing homelessness may submit the referral form. Participant spaces are limited and LHM Foundation is not maintaining a waitlist. The referral portal will be open only when space is available. The crisis of homelessness far exceeds our program capacity such that submitting a referral means only that the individual or family referred will be considered for the transitional housing program.

LHM Foundation will contact referrals to be scheduled for a intake preview directly, notifying the referring agency or organization. If a referral cannot be accommodated at this time, LHM Foundation will notify the referral source.

Please reach out with questions:

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Please complete all fields. Referrals must be submitted electronically through this webpage, but a PDF of the referral form can be downloaded here for the referring agency's internal use.

Date of Referral: *

 

Section 1: Referral Source Information

Referring Agency/Organization: *

Contact Person: *

Title:

Email: *

Phone: *

Address

Street Address

Address Line 2

City

ZIP Code

State

Section 2: Individual or Head of Family Being Referred:

Referral Name *

First

Last

Referral Date of Birth: *

 

Referral Gender Identity:

Referral Preferred Pronouns:

Referral Phone

Referral Email

Referral Preferred Method of Contact:

- Phone Call
- Text Message
- Email

Length of Homelessness:

Last known permanent address:

NOTE: All referrals are considered on a case-by-case basis. The existence of criminal history record information does not automatically preclude program participation.

Is this individual named in the Statewide database as the perpetrator of a founded report of child abuse committed within the past five (5) years? *

- Yes
- No

Does this individual's criminal history record information indicate a conviction of any offense listed in [Section 6344\(c\)\(2\) or \(3\)](#)?

- Yes
- No

Is this individual subject to a lifetime sex offender registration requirement? *

- Yes
- No

Are any criminal charges pending against this individual? If so, provide brief explanation. *

- Yes
- No

Substance Use History: *

- Currently Using
- In Recovery
- Not Applicable

Mental Health Needs: Does this individual have a diagnosed or suspected mental health condition? *

- Yes
- No

Special Accommodations Required (if any)

Section 3: Referrals of a Family Unit (if applicable)

If the referral includes a family (with or without children), please provide information for every member of the family unit being referred by clicking Add Family Unit Member for each person.

Family Unit Member Name	
There are no family unit members.	

Add Family Unit Member

Section 4: Eligibility Information

Which of the following categories of homeless does the referral meet: *

- Category 1 – Literally Homeless:** Individual or family lacks a fixed, regular and adequate nighttime residence, meaning i. Has a primary nighttime residence that is a public or private place not meant for human habitation; OR ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs; OR iii. Is exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- Category 2 – Imminent Risk of Homelessness:** Individual or family who will imminently lose their primary nighttime residence, provided that: i. Residence will be lost within 14 days of the date of referral for homeless assistance; ii. No subsequent residence has been identified; AND iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- Category 3 – Homeless Under Other Federal Statutes:** Those who: i. Have not had a lease or ownership interest in permanent housing during the past 60 days; ii. Have experienced persistent instability as measured by two moves or more during the past 60 days; AND iii. Can be expected to continue in such status for an extended period due to special needs or barriers.
- Category 4 – Fleeing/Attempting to Flee Domestic Violence:** Any individual or family who: i. Is fleeing or is attempting to flee DV; ii. Has no other residence; AND iii. Lacks the resources or support networks to obtain other permanent housing.
- Other (Please Describe)**

I have reviewed LHM Social Services Foundation's summary of policies applicable to its Horizons transitional housing program with the Primary Referral, who has stated an intention to adhere to such policies.

By inserting my name below, I affirm that the information above is true and correct to the best of my knowledge.

Representative of Referring Agency/Organization: *