



**HORIZONS TRANSITIONAL HOUSING PROGRAM**  
**Participant Referral Form**

**Instructions:** Any agency or organization working with individuals or families experiencing homelessness may submit a referral through the online portal. The referral portal is open only when space is available. This PDF is provided for internal agency/organization planning use only. Its submission to LHM Foundation outside of the portal does not constitute a referral.

**Date of Referral:**

**SECTION 1: REFERRAL SOURCE INFORMATION**

**Referring Agency/Organization:**

**Contact Person:**

**Title:**

**Email:**

**Phone:**

**Address:**

**SECTION 2: INDIVIDUAL OR HEAD OF FAMILY BEING REFERRED**

**Referral Name (first, last):**

**Referral Date of Birth:**

**Referral Gender Identity:**

**Preferred Pronouns:**

**Referral Phone:**

**Referral Email:**

**Referral Preferred Method of Contact (phone, text, email):**

**Length of Homelessness:**

**Is the referral a family unit?**

**If so, what is the total number of individuals included in the family unit?**

**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) (see attached list)?**

**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 a brief explanation.**

**Yes**

**No**

**Does the individual have a history of substance abuse? If so, provide a brief explanation.**

**Currently Using**

**In Recovery**

**Not Applicable**

**Mental Health Needs: Does this individual have a diagnosed or suspected mental health condition? If so, provide a brief explanation.**

**Yes**

**No**

**Please include other information, if available, relevant to the referral's participation in the Horizons transitional housing program (e.g., special accommodations required, court orders/PFAs, etc.).**

## **SECTION 3: ELIGIBILITY INFORMATION**

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

**Category 1 – Literally Homeless:** Individual or family who 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 application 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 (1) 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 herein is true and correct to the best of my knowledge.**

**Representative of Referring Agency:**

**SECTION 4: REFERRALS OF A FAMILY UNIT (if applicable)**

**Please complete Section 4 separately for each additional member of the family unit being referred. Include additional sheets if necessary.**

**Additional Family Member Name (first, last):**

**Date of Birth:**

**Gender Identity:**

**Preferred Pronouns:**

**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) (see attached list)?**

**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 a brief explanation.**

**Yes**

**No**

**Does the individual have a history of substance abuse? If so, provide a brief explanation:**

**Currently Using**

**In Recovery**

**Not Applicable**

**Mental Health Needs: Does this individual have a diagnosed or suspected mental health condition? If so, provide a brief explanation.**

**Yes**

**No**

**Please include other information, if available, relevant to the referral's participation in the Horizons transitional housing program (e.g., special accommodations required, court orders/PFAs, etc.).**

Any of the following offenses under Title 18 of the Pennsylvania Consolidated Statutes or an equivalent crime under Federal law or the law of another state, including the attempt, solicitation, or conspiracy to attempt such crimes:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709.1 (relating to stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- Felony offense under Section 5902(b) (related to prostitution and related offenses).
- Felony offense under the Controlled Substance, Drug, Device and Cosmetic Act.