



Housing Prep® Program-Referral Form

Young Adult Name: _____

Date of Referral: _____

DOB: _____ Age: _____ Race: _____ Gender: _____

Young Adult Contact Information:

Current Address:			
Currently In Care: (receiving DHS/CUA services)			
What Type of Placement (ONLY if in DHS custody):	Group home	Foster Home	Own Apartment/SIL
	Kinship Home	Couch Surfing	Homeless
Current Phone Number:			
Other possible contact Number:			
E-Mail Address:			
Facebook Name:			
Other Possible Address:			

Referral Information:

i.e. school counselor, AIC coach, mental health therapist). Please include an Authorization for the Release of Information in referral packet.

CUA worker :	Contact Phone Number:	
Other Support:	Contact number:	Relationship:
Other Support:	Contact number:	Relationship:
Other Support:	Contact number:	Relationship:

Referral Source Information: (If applicable)

Organization/Name	
Contact Information	

Please select any of the following items that are currently present in the young person's life (NOTE: the presence of these items does not exclude a young person from participating in Housing Prep):

- Current homicidal, suicidal, or psychotic behavior within the past 90 days

- Hospitalization for psychiatric issues within the past 30 days

- Gang affiliation without the ability to safety plan

- History of criminal involvement

- History of violent crimes

- Extreme physical aggression

- Current involvement in a relationship with domestic violence

- Access to weapons that cannot be monitored

- Intellectual or developmental disabilities that impair ability to meet independent living goals

- Concerns with a specific gender of specialist

If any of the above items are selected, please explain below:

Please send completed form to:

Christian Maddox
Housing Prep Manager
Turning Points for Children
415 S. 15th St., Philadelphia, PA 19146
phone. 267-353-9799
email: chmaddox@turningpoints.phmc.org