



# Girls Educational & Mentoring Services Housing Referral Form

## **Instructions**

Please **DO NOT** make this referral if the client is unaware of the referral and if the client is unaware of the specific services that GEMS provides. To complete the housing referral, please follow the steps below:

1. Complete the entire referral form (print or type). Attach additional paper if needed.
2. Attach the following documents to the referral:
  - Proof of a negative PPD test within the last 6 months.
  - Completed mental health evaluations/psychosocial reports.
  - A short-written statement by the client as to why they feel that the GEMS program is appropriate for them and what they hope to accomplish/achieve while in the program.
3. Email the completed referral to [victoria@gems-girls.org](mailto:victoria@gems-girls.org). You will be notified if the referral is accepted or not. Staff will contact the person making the referral regarding the next steps and/or initial appointments.

**\* Notes required information**

**SECTION 1 of 5: HOUSING PROGRAM**

Select the housing program you're referring your client to: \*

Imani

Transitional Independent Living Program

**SECTION 2 of 5: REFERRING WORKER INFORMATION**

Name: \* \_\_\_\_\_

Referring Agency: \* \_\_\_\_\_

Phone Number: \* \_\_\_\_\_ Fax Number: \* \_\_\_\_\_

Email Address: \* \_\_\_\_\_

**SECTION 3 of 5: CLIENT INFORMATION**

**Contact Information**

Name: \* \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_ Age: \* \_\_\_\_\_

Address 1: \* \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_

ZIP/Postal Code: \* \_\_\_\_\_ Country: \* \_\_\_\_\_

Phone Number: \* \_\_\_\_\_ Alt. Phone Number: \* \_\_\_\_\_

**Living Arrangements:**

**What are the client's living arrangements? \***

Pimp                       Family Member                       Alone                       Friends

Facility: \_\_\_\_\_

Other: \_\_\_\_\_

**Client Documents:**

**Does the client have: \***

State ID Card                       Birth Certificate                       Social Security Card

Medical Insurance: \_\_\_\_\_

**Client History:**

**Does the client have children? \***  Yes                       No

**Has the client been sexually exploited? \***  Yes  No

**If so, what form(s) of sexual exploitation? Select all that apply:**

Prostitution                       Stripping                       Escort Service

Phone Sex Trading                       Sex for Money, Drugs, Gifts, or Survival Needs

**Has the client been involved in any type of abusive relationship? \***                       Yes  No

**If so, what form(s)? Select all that apply:**

Physical Abuse                       Sexual Abuse                       Emotional Abuse

Verbal Abuse                       Molestation                       Rape

**SECTION 4 of 5: CLIENT EMERGENCY CONTACT INFORMATION**

**Name: \*** \_\_\_\_\_

**Relationship to Client: \*** \_\_\_\_\_ **Phone Number: \*** \_\_\_\_\_

**SECTION 5 of 5: GEMS INFORMATION**

**Why do you think this young woman would be appropriate for GEMS services? \***

**Please describe any additional relevant information (i.e., if there are any safety plans in place, restrictions on contacting clients, etc.):**