**De-identified Referral for Prioritization Form**

**CES #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS IDENTITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Entry Field**  | **Description of Field**  | **Data Entry**  | **Notes** |
| Diversion Date | Date the survivor received a Diversion service |  |  |
| Intervention Date | Date the survivor received an Intervention service |  |  |
| Referral Date to HMIS | Date the domestic violence survivor’s unidentified information was sent to CoC. |  |  |
| Preferred Housing Location | Enter the geographic area the survivor is willing to live within the Balance of State (BR, Lake Charles, Houma, Natchitoches/Sabine, and St. Bernard). |  |  |
| Participant Triage Tool Score | The score survivor received from theParticipant Triage Tool. Please attach. |  |  |
| Gender | For shared living projects, must know the preferred gender pronoun to make an accurate referral.  |  |  |
| Number of Bedrooms | Do **not** collect number of children, but rather number of bedrooms’ survivor will need given their family size.  |  |  |
| Chronically Homeless | Is domestic violence survivor chronically homeless by HUD’s definition? (A person with a disabling condition who has one year or more of continuous homelessness or at least 4 separate periods of homelessness across 3 years)Yes/No  |  |  |
| Veteran Status | Is domestic violence survivor a veteran? Yes/No |  |  |
| Disabling Condition  | Yes/No |  |  |
| Youth Status | Is the survivor between the ages of 18-24? Yes/No |  |  |
| Substance Use Housing Opportunity | If there was housing available for people with long-term opioid abuse [opioids are heroin, fentanyl, oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine] or long-term alcohol abuse, would the survivor be interested in it? Yes/No |  |  |

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_**

 **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**