**De-identified Referral for Prioritization Form**

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

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| --- | --- | --- | --- |
| **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 the  Participant 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**