



Family Inn Referral Form

901.395.3329

FamilyInn@RITIMEMPHIS.org

By submitting this referral you believe the family is suitable for a shared living environment. RITI Family Inn staff will reply to your referral request within 1 business day. Families are not admitted without written approval from RITI staff.

All guests must receive a COVID-19 test with negative results before admittance. Have you referred this family for testing and confirmed they understand they must arrive at RITI with negative results for every family member in order to enter? Yes No

Total number of people being referred in family: _____ Adults _____ Children

Guest Name: _____

(If Applicable)

DOB: _____

Spouse Name : _____

SSN: _____

DOB: _____

Gender: _____

SSN: _____

Phone: _____

Gender: _____

Race/Ethnicity: American Indian/Alaska Native

Phone: _____

Asian Black/African American White

Race/Ethnicity: American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Asian Black/African American White

Hispanic/Latino: Yes No

Native Hawaiian/Pacific Islander

Veteran: Yes No

Hispanic/Latino: Yes No

Veteran: Yes No

Are you legally married? Yes No

Emergency Contact Name: _____ Phone Number: _____

Children's Names	M/F	Age	DOB	SSN

Follow up appointment day, time and place for next steps: _____

Please be specific. Give address and phone number.

Please attach any notes regarding this family helpful for our Family Inn staff (barriers to assistance, known histories, current case management contacts, etc.)

Referred by: _____ Phone: _____

Agency/Organization: _____

Email: _____