



Family Inn Referral Form

901.467.0122

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.

Total number of people being referred in family: _____ Adults _____ Children
 Length of Stay: _____ (Date) to _____ (Date)
 Guest Name: _____ Spouse Name : _____
 DOB: _____ DOB: _____
 SSN: _____ SSN: _____
 Gender: _____ Gender: _____
 Phone: _____ Phone: _____
 Race/Ethnicity: American Indian/Alaska Native
 Asian Black/African American White
 Native Hawaiian/Pacific Islander
 Hispanic/Latino: Yes No
 Veteran: Yes No
 Currently Pregnant: Yes No
 Emergency Contact Name: _____ Phone Number: _____

| Children's Names | M/F | Race/ Ethnicity | Age | DOB | SSN | Has Birth Certificate | Enrolled in School? Yes-where/No-when last enrolled? |
|------------------|-----|--------------------|-----|-----|-----|--------------------------|--|
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(Blue section completed by RITI office)

Referring Agency may attach HMIS profile information OR complete Page 2 of this form

The following information helps us know how to best connect you with resources during your stay with us:

HOMELESSNESS

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: _____

How long have you been experiencing homelessness? (*Approximate date*)
 Where are you currently staying, or where have you been staying before calling RITI?
 How long have you been/were you there?
 How much longer can you stay there?

Have you ever experienced homelessness before? (*If yes - how many times over the past three years? And how many total months over the past three years?*) Yes No

Have you stayed in other shelters? (*If yes - which ones?*) Yes No

Have all of your children been with you in all of those situations (past/current living situation, past homelessness)?
 Yes No

INCOME

Are you currently employed? (*If yes - location of job*) Yes No

Do you have income? (*If yes - Type and Amount for each. Examples: Earned, unemployment, SSI, SSDI, VA, TANF/Families First, Child Support, Alimony*) Yes No

Do you receive other non-cash benefits? (*If yes - Type. Examples: SNAP, WIC, TANF childcare/transportation*)
 Yes No

HEALTH

Do you or any of your children (or spouse, if applicable) have any physical or mental health conditions?
 Yes No

| Condition/Concern | Guest with Condition | Long/short term |
|---------------------------------|----------------------|-----------------|
| Disabling Condition | | |
| Physical Disability | | |
| Developmental Disability | | |
| Chronic Health Condition | | |
| HIV/AIDS | | |
| Mental Health Problem | | |
| Substance Abuse Problem | | |
| Other: | | |

Are you or any of your children victims or survivors of domestic violence? (*If yes - date of last occurrence or note if currently fleeing.*) Yes No

Do you and any/all members of your family have health insurance? (*If yes - Providers*) Yes No

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| <p>Does the Head of Household consent to information being stored and shared with other agencies in order to provide the best care and services? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have all age-appropriate members of the family signed the Family Inn Hospitality Covenant? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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