

Catholic Charities of Cortland County Pathways to Reentry Program Referral & Basic Information

Referral Source _____ Date of Referral _____
Referral Contact Name _____ Phone/Email _____

PERSONAL INFORMATION

Name _____ Date of Birth _____
Current Address _____ Phone _____
Other Contact Person _____ Phone _____

PLEASE TELL US WHAT YOU CAN ABOUT THE PERSON BEING REFERRED:

Does person have identification? Yes No Is person a veteran Yes No
Has this person received services from Catholic Charities before? Yes No
What services were received _____

Current Living Situation:

Incarcerated at _____ Living Alone
 Homeless Living with Friends or Family

COMMUNITY LIVING NEEDS - Check needed Services:

Housing Substance Use Treatment/Counseling
 Financial Support Transportation
 Health Care Help with Education or Employment
 Mental Health Treatment/Counseling Social & Personal Support

Note any special needs or priorities _____

CURRENT FAMILY, SOCIAL & COMMUNITY SUPPORTS

Family or Friends _____ Health Care Provider _____
 Faith or Support Groups _____ Counseling or Treatment _____
 Agency Services _____ Other: _____
 Care Manager/Workers _____

Other Information: _____

JUSTICE SYSTEM HISTORY & INVOLVEMENT

Check if current or history of the following - Provide details and names of others involved if known

Past Incarceration _____
 Current/ Past Parole _____
 Current/Past Probation _____

Other Information: _____

FINANCIAL STATUS

What income does this person have now? _____

If none, what is their past income? Public Assistance Disability Veteran's Benefit Wages

Other Information: _____

HEALTH STATUS - Tell us what you know about these areas or issues:

| Health Area | Concerns/ Diagnoses/ Treatment History | Current/Past Providers Upcoming Appointments |
|------------------|--|---|
| Physical Health: | | |
| Substance Use: | | |
| Mental Health: | | |
| Other | | |

Health Insurance Coverage: Medicaid Medicare Private Ins. None

Other Information: _____

Risk Areas: Are there concerns about, or history of:

- Suicide Attempts/Ideation
- Fire Setting
- Violence Against Others
- Inappropriate Sexual Behavior
- Self Injury Behaviors
- Other

Other Information: _____

HOUSING: Check if this person has a history of:

- Homelessness
- Supported or Supervised Living Environment
- Independent Living
- Problems with Evictions

Other Information: _____

EDUCATION AND EMPLOYMENT EXPERIENCE & GOALS

- Highest Grade Level Completed _____
- Vocational Training _____
- Competitive Work _____
- Other _____

Other Information: _____

What are this persons strengths, skills and resources to build on going forward? _____

What challenges are most pressing for this person? _____

Program Referral and Basic Information Reviewed and/or Completed by Pathways Program Staff.

Signature and Title

Date