



Date Completed ___/___/___

Staff Helping: _____

Client CODE: _____

THIS PACKET CAN BE HAND DELIVERED TO LIFE CONNECTION CENTER, FAXED TO 978-677-7401 OR EMAILED TO CARL@LIFECONNECTIONCENTER.ORG

Have you been here before?: [] YES [] NO

Name (first, last) _____

Phone(_____) _____ - _____ May we contact this number? [] YES [] NO

Street Address: _____ City: _____ State :____ Zip: _____

Gender: [] Male [] Female [] Transgender Email: _____

DOB ___/___/____ Age at intake: ____ Marital Status: [] Single [] Married [] Widowed

Race:

- [] White
- [] Black
- [] Asian
- [] AIAN (American Indian / Alaska Native)
- [] NHPI (Native Hawaiian / Pacific Islander)
- [] Don't know
- [] Declined
- [] Not Asked

Place of Stay:

- [] Homeless in a place not meant for human habitation ***(HMIS)***
- [] Street
- [] Park
- [] Encampment
- [] Vehicle
- [] Homeless Shelter
- [] Transitional Housing
- [] Rent is not affordable
- [] Marginally adequate
- [] Adequate housing

Income:

- [] SSI
- [] SSDI
- [] Transitional Assistance
- [] Looking for work
- [] Working Part-Time
- [] Working Full-Time
- [] NONE

Vulnerability Screen:

- [] Between 18 -25 years of age
- [] 65 or older
- [] US Military Veteran
- [] Pre-existing Medical Condition (e.g., substance addiction, mental illness, HIV+, Hepatitis)
- [] Victim of Domestic Violence

Hispanic or Latino: [] YES [] NO

Have you ever served in the US Military: [] YES [] NO

How can we help?:

- | | | |
|-----------------------|---------------------------|-------------------------|
| [] Nutritious Meal | [] Employment | [] Social Events |
| [] Basic Health Care | [] ID | [] Groups |
| [] Needle Exchange | [] Birth Certificate | [] Housing |
| [] Narcan | [] Medication Assistance | [] Support & Services |
| [] Detox | Treatment | [] Veteran Services |
| [] HIV Testing | [] Transportation | [] DTA/Food Stamps/SSI |

[] I give permission to Life Connection Center to share my information with local agencies

Have you been told that you are COVID vulnerable? [] YES []

Date ___/___/____ Signature _____

Internal use only

- | | | | | | |
|------------------------|-------|----------------------------|-------|------------------------------------|-------|
| [] Release signed | _____ | [] Entered into P. Center | _____ | [] Entered into HMIS [*see above] | _____ |
| [] Assessment done | _____ | [] CE Housing Packet done | _____ | [] CE Housing Data entry | _____ |
| [] CE Housing emailed | _____ | [] Hotel placement | _____ | | |



SANCTUARY REFERRAL FORM

AGENCY INFORMATION

NAME OF REFERRING AGENCY _____
 AGENCY CONTACT NAME _____
 AGENCY CONTACT EMAIL _____
 AGENCY PHONE NUMBER _____

CLIENT INFORMATION

CLIENT FIRST NAME _____
 CLIENT CODE (FIRST AND THIRD OF FIRST/LAST NAME) _____
 (EXAMPLE: JOSEPH SMITH CODE WOULD BE JSSI)
 DATE OF BIRTH ___/___/___ EMAIL _____
 CLIENT PHONE NUMBER _____

REFERRAL INFORMATION

Do any of the following vulnerabilities apply to your client? *

- Between the ages of 18-25 years of age
- 65 or older
- US Military Veteran
- Pre-existing medical condition
- Victim of Domestic Violence
- Exposure to inclement weather conditions
- Individuals with Potential housing prospects

Have you verified this person homelessness? *

- Yes
- No

Coordinated Entry Vulnerability Score _____

If Yes, please state where this person is sleeping at night and any relevant details. If in an encampment, please state location of encampment.

Do you believe that your client would do well in a congregate setting?

- YES NO

If there are any other details that you would like to include, please share them here.
Thank you for your partnership. *

* This is part of the intake pack and should be attached with: **1** - Intake form // **2** - Referral // **3** - Release of information

Lowell Connector Release: Client Authorization for Coordinating Services

I, _____ (name), hereby authorize each Lowell Connector (*Connector*) member (see attached) to share any and all of my personal information with any other member of the Connector as may be necessary to provide and coordinate services I have requested or may from time to time request. I specifically consent to the release to any other member of the Connector of my case notes, substance abuse records, mental health records, domestic violence records, HIV status, and criminal records information, with the understanding that this information is to be shared as it relates to my housing, or availability of housing. I also authorize each member of the Connector to share this information electronically, orally or otherwise. I understand that a photocopy or digital copy of this authorization is as valid as the original. I understand that my information may also be entered into the Lowell Homeless Management Information System (HMIS) for the purpose of documenting the activities of the Coordinated Outreach and Engagement Team (COET).

**If this person is not 18 years of age, a parent or guardian must sign for them.*

Date

Signature of Applicant (or of parent/guardian if under 18)

Print Full Name:

- This authorization will expire after 24 months since last contact with any member of the Connector.
- I understand that I may withdraw this authorization at any time by informing any member of the Connector in writing that I no longer want my information shared among them.
- I understand that all members of the Connector have agreed to be thoughtful about their information sharing, and to only share information that is specifically necessary in service planning.
- I understand that members of the Connector will not deny service provision or payments based on whether I sign this authorization. However, I understand coordination among the members of the Connector for services that I have requested may be impacted.
- By signing this form, I am allowing Connector organizations to share my information as may be necessary to provide services I have requested or may from time to time request. However, I understand that my information may be redisclosed by the recipient and may no longer be protected by the Member's privacy policies or by applicable state or federal law or regulation.
- Additional agencies may join the Connector and will have access and permission to share to your information. The list of agencies in the Connector is attached. An updated list of agencies is posted online on the City's website. The list may also be requested at any time from any member agency.