



Please return completed referrals to:
Will Towne
housingreferrals@spectrumvt.org
177 Pearl Street Burlington, VT
802.864.7423x325
802.540.3008 fax

Supported Housing Self-Referral

Referral must be completed in full

Name: _____ Date: _____ Gender: _____

Social Security #: _____ Birth Date: _____ Age: _____

Ways to contact me: ___ Phone ___ Voicemail ___ E-mail ___ Drop-in

Phone # _____ E-mail _____ Other _____

Current Living Situation (Where did you sleep last night?):

Do you have Health Insurance? Yes / No

If yes: Medicaid _____ Other _____

Are you homeless? Yes / No

How did you become homeless? What do you plan to do while in Supported Housing?

Have you ever been involved with the Department of Children and Families (DCF)? Yes / No

If yes, explain status and circumstances (custody, probation, name of worker):

Current health concerns:

Have you ever been diagnosed with anything (ADHD, depression, anxiety, etc)? If yes, please list:

Current Medications*:

* Please include both medical and mental health medications.

Are you **currently** using drugs, alcohol, controlled or illegal substances? Yes / No

Have you **ever** used drugs, alcohol, controlled or illegal substances? Yes / No

Substance use does not preclude youth from entering Shelter

If yes, what/how often/last time used:

Do you have a history of violence towards yourself or others? Yes / No

If yes, explain:

Have you had **any** involvement with law enforcement/police, probation, or court diversion? Yes / No

If yes, please detail all charges and dates, including open and pending charges:

Most legal charges do not preclude youth from entering Shelter

Are you currently employed? Do you currently have any income? Yes / No

If so, where: _____

Are you a victim of Domestic Violence? Yes / No

Are you working with any other Support Services: Who? Where?

- Spectrum Counseling _____ Contact y / n
- JOBS Program _____ Contact y / n
- Youth Development Program _____ Contact y / n
- School/Education _____ Contact y / n
- VT DCF _____ Contact y / n
- Probation/Parole/Diversion _____ Contact y / n
- Other Counseling _____ Contact y / n
- DOL/ Voc Rehab _____ Contact y / n
- Emergency Housing/State of VT _____ Contact y / n
- Howard Center _____ Contact y / n
- WHBW _____ Contact y / n
- COTS _____ Contact y / n
- Other _____ Contact y / n