



Please return completed referrals to:  
Sara Brooks  
housingreferrals@spectrumvt.org  
*If sending by email, please note that email is not a secure form of communication.*  
177 Pearl Street, Burlington, VT  
(802) 864-7423 x325  
(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:

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

If yes, explain:

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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\*

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

If so, where: \_\_\_\_\_

**Are you a survivor 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
- Steps to End Domestic Violence \_\_\_\_\_ Contact y / n
- COTS \_\_\_\_\_ Contact y / n
- Other \_\_\_\_\_ Contact y / n