

Johnson Park Center (JPC) Special Needs Housing

26 Johnson Park, Utica, NY 13501 ☎ Tel: (315) 734-9608 ☎ Fax: (315) 266-1223

REFERRAL / GUEST CARD

A) Personal Information of Client

Last Name: _____ First Name: _____
Middle Name: _____ Address: _____
City: _____ State / Zip: _____
Phone: _____ DOB: _____
Sex: _____ SSAN: _____
Marital Status Single Married Intimate Friend Widowed Divorced
Ethnicity: African American Hispanic White Asian Other _____

B) Referral Information

Agency: _____ Phone & Ext: _____
Worker Name: _____ Fax No: _____

C) Public Assistance

Yes No Pending County: _____
PA Case No: _____ Worker: _____
Tel: _____ Fax: _____

Yes Submit LDSS 4002 Form. **This is required** for all DSS Housing Referrals to JPC

D) Housing Needs

Yes **Emergency Shelter**
 Yes **Congregate Care 2 SL for Woman & Children**
 1 Bedroom 2 Bedroom Handicap Accessible
 Yes **Woman & Children Program (Unification Program)**
 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom Handicap Accessible
Who will live with Client: _____ Total: _____
 Yes **Single Women Program (Chronic Homeless)**
 Studio 1 Bedroom Handicap Accessible

E. Pertinent Questions

Yes No Pending Documented Mental Health Disability: Provider: _____
 Yes No Pending Documented Substance Abuse Disability Provider: _____

Date: _____ Signature: _____

Pending Client: _____ Intake Information:

Intake date - shelter: _____ Anticipated Discharge into JPA date: _____ (check off program)

<input type="checkbox"/> 19 JP OASAS (Transitional)	<input type="checkbox"/> Women + Children Program (2year)	<input type="checkbox"/> Single Women Program (1 year)
<ul style="list-style-type: none"> ○ Congregate Care Level 2 – SL ○ At risk homeless (HHAP) ○ Clinical Director must certify level, etc ○ SA Primary and MH Secondary ○ Low income ○ Cannot have SSI/SSDI ○ Can be from any county or state ○ Referral needed from SA ○ Unification or 7Mt pregnant ○ JPC will Provide Furniture ○ 19 JP staff must complete the Intake paperwork ○ FAC and PNA paid by DSS ○ OASAS Regulations and HHAP 	<ul style="list-style-type: none"> ○ Currently homeless ○ Low income ○ Clients with SSI MUST have Rescue Mission as payee ○ PA, FS Open or Pending ○ MH and/or SA diagnosis ○ Active in treatment ○ Must be from Oneida County ○ (If other county, case by case) ○ Court order stating: primary physical custody of the children ○ S+C and DSS rent ○ NYSSHP Regulations and HHAP 	<ul style="list-style-type: none"> ○ Chronically homeless ○ Low income ○ Clients with SSI MUST have Rescue Mission as payee ○ PA, FS Open or Pending ○ Primary - MH Diagnosis ○ Secondary – Substance Abuse ○ Active in treatment ○ Must be from Oneida County ○ (If other county, case by case) ○ JPC will Provide Furniture ○ S+C and DSS rent ○ NYSSHP Regulations and HHAP ○ HUD Regulations

SA Treatment Facility: _____ SA Counselor: _____ Tel: _____

Currently active in treatment? YES / NO Next Appointment: _____ 1st, 2nd 3rd Appointment

MH Treatment Facility: _____ MH Counselor: _____ Tel: _____

Currently active in treatment? YES / NO Next Appointment: _____ 1st, 2nd 3rd Appointment

Pending Legal matters: _____

Sex Offender? YES / NO Arsonist? YES / NO Court YES / NO _____

Previous client of JPC: _____