



Bridges to Health Pathways Referral



All referrals should be sent:
via Reliance Referral System (Bridges to Health) or faxed to 541-397-0004

COMMUNITY MEMBER/CLIENT BEING REFERRED

Clients being referred must live in Hood River or Wasco County and be considered housing challenged. (See page 2 of this referral form for a list of Housing Challenged Criteria.)

Name: _____ DOB: _____
Primary spoken language: English Spanish Other: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary care physician: _____ Location: _____

REASON FOR REFERRAL

(Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Immunization | <input type="checkbox"/> Medical Referral |
| <input type="checkbox"/> Developmental Screening | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Developmental Referral | <input type="checkbox"/> Postpartum | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> Social Service Referral |
| <input type="checkbox"/> Family Planning/Sexual Health | <input type="checkbox"/> Health Insurance | (transportation, debt |
| <input type="checkbox"/> Food | <input type="checkbox"/> Housing | management, utility assistance, |
| | <input type="checkbox"/> Medical Home | legal etc.) |

Additional information:

REFERRED BY

Date of referral: _____ Your Name: _____

Phone #: _____ Email: _____

Name of Agency: _____

Client is Housing Challenged per criteria list:

YES NO

For more information about the Bridges to Health Pathways Community HUB Program or to make a phone referral, contact Katy Williams @ 541-705-2705 or email katy@gorgehealthcouncil.org (any emails containing client information need to be sent via secure/encrypted email.)



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HOUSING CHALLENGED CRITERIA

Which of these closely matches the concerns of your client and their household:

Please check all that apply:

- Losing Housing:** At risk of losing housing due to any reason such as eviction, foreclosure, change in qualifying for benefits, etc.
- Double Up:** Client and/or their family is living with another family in housing designed for 1 family
- Outside:** Living in a shelter or structure not meant for people such as parks, streets, condemned housing, etc.
- Inadequate Utilities/Housing:** Housing without adequate utilities (no water, sewer, heat, inadequate space)
- Temporary:** Living at a shelter, transitional housing or other temporary housing
- Domestic Violence/ Interpersonal Violence:** Fleeing or attempting to flee DV or IPV
- Youth:** 17 years or younger without regular, dependable housing or sleeping on couches in more than 1 relative or friend's house
- DHS custody involved:** Client is involved with DHS either as a child, foster parent or biological parent
- Unable to Pay:** Client is unable to reliably pay for housing (rent + utilities) every month or will be unable to pay due to rent increase.
- Lack of transportation:** leading to unstable housing situation
- Severe Medical concerns:** leading to unstable housing situation
- Substance Abuse:** leading to unstable housing situation
- Disability - physical or mental:** leading to unstable housing situation
- Severe Mental Illness:** leading to unstable housing situation
- Criminal record and/or justice involved:** leading to unstable housing situation
- None of the Above**

Client engaged with the Housing Choice Voucher program in one of the following ways:

Choose one of the following:

- Client currently has a voucher and is seeking housing
- Client is on the wait list for a Housing Choice Voucher
- Client has started the application for a Housing Choice Voucher but not finalized
- Client deemed ineligible for voucher
- Client has NOT started an application
- None of the Above