



Bridges to Health Pathways Referral



All referrals should be sent:

via Reliance Referral System (Bridges to Health) or faxed to 541-397-0004

Referrals should be sent for families or individuals who have expressed interest in learning more about or want to participate in the Bridges to Health Pathways Program
Clients being referred must live in Hood River or Wasco County

COMMUNITY MEMBER/CLIENT BEING REFERRED

Client is Housing Challenged per criteria list *(See page 2 for a list of Housing Challenged Criteria.)*: YES NO

Client or Parent/ Guardian Name: _____

Phone #: _____ Is it ok to leave a message at this number? _____ Email: _____

Does the client or parent/ guardian prefer to be contacted by phone, email or text? _____

Client Physical Address: _____

Primary spoken language: English Spanish other: _____ Does the client have a disability? Yes No

Child/ Student Name: _____ Age: _____ Grade: _____ School: _____ DOB: ___/___/___

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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, utilities, etc.) |
| <input type="checkbox"/> Food | <input type="checkbox"/> Housing | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Medical Home | |

Additional information:

REFERRED BY

Name: _____ Phone #: _____ Email: _____

Date: ___/___/___ Agency/ School and your Title: _____

For additional information about the Bridges to Health Pathways Community HUB Program contact Katy Williams @ 541-705-2705 or email katy@gorgeheathcouncil.org



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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