



# GRIP Referral Review Form

Name: \_\_\_\_\_

Referral #: \_\_\_\_\_

Program / Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Are you currently Homeless?  YES  NO

**Case Manager, if not Homeless refer to Prevention.**

1. Have you ever applied for services from GRIP.....  YES  NO
- a.) Did you receive GRIP Services.....  YES  NO
- b.) Please specify all GRIP Services your have received:
- Rental Assistance  Family Shelter  Transitional Housing  Permanent Supportive Housing
- Food  Showers  Phone  Mail  Laundry

c.) When?

2. What factors led to you losing your housing? (check all that apply)
- Loss of Job  Insufficient Income  Drug/Alcohol Addiction
- Loss of Benefits  Rent Increase  Mental Health
- Divorce/ Separation  Eviction  Health
- Domestic Violence  Asked to leave rental unit  Foreclosure

3. Have you ever used any of the following resources? (Check all the apply)
- Section 8  Season of Sharing  Rental Assistance
- Shelter + Care  Homeless Assistance Fund

When?

4. Have you ever lost a Section 8 or Shelter + Plus Care Certificate?  YES  NO

5. Have you ever been evicted?  YES  NO, If YES, how many times?

6. Have you been asked to leave housing?  YES  NO, How Many Times?

When

What County

7. Is anyone in the household restricted on where they can live?  YES  NO

Name of restricted household member:

Specify the restriction:

Reason for the restriction

8. What is your current living arrangement?  Living w/ Friends  Living w/ Family  
 Living on the Streets.  Residential Treatment  Living in Transitional Housing  Jail/ Prison
9. Besides housing what services or resources do you feel would be of assistance to you at this time of in the near future? (please check all that apply)
- Clothing  Food  Transportation  Recovery Services  
 Job Training  Employment Assistance  Adult Tutoring  GED/ HS Diploma Assistance.  
 Tutoring for Children Counseling Services  School Supplies  School Enrollment  
 Counseling Services  Legal Assistance  Rental Assistance  Money Management  
 Credit Management.

**EMPLOYMENT/ EDUCATION**

10. Do you speak English?  YES  NO If not, what language do you speak?

11. Do you write English?  YES  NO If not, what language can you write?

12. Are you currently able to work in this country?  YES  NO

13. Are you currently employed?  YES  NO

Where?

- Temporary  Part- Time  Permanent/ Full Time  Self- Employed

Employment Income \$

- Per Hour  Per Week  Per Month

14. Are you seeking employment?  YES  NO

15. Do you wish to secure or change employment within the next 3 months?  YES  NO

16. What type of employment are you interested in?

Please indicate what best describes your educational history?

- Less than 9<sup>th</sup> Grade  9<sup>th</sup>-10<sup>th</sup> Grade  11-12<sup>th</sup> Grade  GED Certificate  
 High School Diploma  12- Years College  College Degree  Master Degree

Have you enrolled in any Job Training Programs?  YES  NO

Did you complete the Training?  YES  NO

Are you interested in Job Training Programs?  YES  NO

Do you have any specific Certificates or Licenses?  YES  NO

If so what kind?

**INCOME**

17. What benefits services are you currently receiving?

TANF  GA  SSI/SSDI  Unemployment  Death Benefits  WIC  Other

(Please specify)

18. Are you eligible for any specific benefits that you are not currently receiving?  YES  NO

TANF  GA  SSI/SSDI  Unemployment  Death Benefits  WIC  Other

(Please specify)

19. Have you been turned down or sanctioned for any of the following?:  YES  NO

TANF  GA  SSI/SSDI  Unemployment  Death Benefits  WIC  Other

(Please specify)

When?

Why?

• **Case Manager Please Complete and Attach the GRIP Client Budget Review.**

**FAMILY- FRIENDS**

20. Have your ever been involved in an Incident or Domestic Violence?  YES  NO

21. Was this on more than one occasion?  YES  NO How Many Incidents?

a.) When did it occur?

b.) In what county?

22. Were the police involved?  YES  NO

23. Is there any current threat to you or anyone on your household?  YES  NO

a.) Is there a current Protection Order in place?  YES  NO

24. Which of the following best describes in your support network of Friends?

- Very supportive, they assist me with all my needs.
- Supportive, I have friends that will help me out when they can.
- Not very supportive, my friends can't or are unwilling to help me much.
- No Support

25. Which of the following describes the support you receive from Family ?

- Very supportive, they assist me with all my needs.
- Supportive, I have family that will help me out when they can.
- Not Supportive, my family can't or are unwilling to help me much.
- No Support

26. Do you have Custodial Care of all your Minor Children  YES  NO

a. If no, why not?

27. If NO, are Reunification Plans in Process?  YES  NO

28. Are you currently working with Children and Family Services?  YES  NO

a.) How did you start working with C.F.S. ?

b.) Name of Worker

Phone N

c. Type of Involvement:  Voluntary  Court Ordered  Open Case W/ O Court Order

d. Projected date that involvement will be concluded.

29. Are all of your school age children currently enrolled in school?  YES  NO

If YES,

Name	Grade	School Currently Attending

**GRIP Referral Review**

30. Do all of your Children attend School Regularly?  YES  NO  
If you children are NOT in school please provide the following information:

a.) When was the last time your child(ren) attended school?

b.) What was the reason they have not been attending?

c.) Are any of the Children being Home- Schooled or Participating in Home Study  
 YES  NO

d.) Which Child(ren)

e.) Do you have any objections to enrolling your child(ren)  YES  NO

f.) Do you have any specific Districts that you would preference  YES  NO  
School District.

g.) Do any of the Children need Immunizations for School Attendance  YES  NO

h.) Do you have childcare  YES  NO

a.) Do you have any objections to enrolling your child(ren) in Childcare  Yes  No

b.) Do you receive assistance in paying for Childcare?  YES  No