Centerstone Connections External Referral Application

Please complete in full and email to: CIL.Connections@centerstone.org

Referral Date: _____ Referring Agency: _____

Candidate Name: _____ DOB:_____

Gender:_____ Ethnicity: _____

Primary Language:_____

Address:_____

Phone Number**:** _____

Type of Insurance: _____ Insurance ID: _____

Please circle whether client is homeless or at risk of homelessness:

Homeless At Risk of Homelessness

If homeless, how long has the candidate been homeless? _____

Please circle as applicable:

- Is the candidate a veteran? Yes No
- Does candidate have children that require housing with parent? Yes No
- DCFS Involvement? Yes No
- Is the candidate a victim of intimate partner/domestic violence? Yes No
- Is the candidate involved with parole, probation, or drug court? Yes No
- Does the candidate have a history of substance use? Yes No
- Does the candidate have a history of mental illness? Yes No

Please provide any relevant additional information:

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