

Centerstone Connections Referral Application

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

Referral Date: _____ Referring Agency: _____

Candidate Name: _____ DOB: _____

Gender: _____ Race: _____ Primary Language: _____

Address: _____

Phone Number: _____

Type of Insurance: _____ Insurance ID: _____

Homeless	"X"
Outdoors	
Shelter	
Transitional Housing	
Other	

At-Risk for Homelessness	"X"
Doubled up/couch-surfing	
Received eviction notice or has substantial debt in rent/utilities	
Immediate concerns with safety	
Institution – hospital, nursing home, etc.	
Jail	

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

Other – please explain: _____

- Is the candidate a veteran? ____ Yes ____ No
- Does the candidate have any children? ____ Yes ____ No
If so: Ages of children in the care of the candidate? _____
Ages of children living outside of the home? _____
- 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

Please provide any relevant additional information:
