



PIONEER
HUMAN SERVICES
A CHANCE FOR CHANGE

Housing and Recovery Through Peer Services (HARPS) Referral Form Instructions

Please read before completing the HARPS Referral Form.

Please **clearly** and **legibly** fully answer each question within the HARPS Referral Form. Pioneer Human Services (PHS) is unable to accept incomplete referral forms. It is recommended that the referring agency and the individual requesting assistance complete the form together to ensure the information provided is accurate and complete.

Send completed applications to kcharpsreferrals@p-h-s.com Please note this email address is for applications only and is not monitored for questions. Detailed instructions will follow any accepted applications.

For general HARPS questions, please contact Charlotte Lefler at clefler@kingcounty.gov

For questions related to **accepted** HARPS referrals, please contact Jennifer McPherson at Jennifer.mcpherson@p-h-s.com.

Please note, submission of a HARPS Referral Form does not guarantee or confirm access to HARPS housing subsidy.

HARPS applications for King County will be selected using a lottery system.

Due to the high volume of applicants, the lottery system significantly enhances equity and fairness for all those in need, ensuring a more just distribution of HARPS funding.

The drawings will be on the 2nd and 4th Monday of each month after 5 pm. Applications will be accepted between the 1st Monday at 8 am and the 2nd Monday at 6 pm and from the 3rd Monday at 8 am through the 4th Monday at 6 pm.

HARPS utilizes a randomized, weighted lottery. Each client is assigned a number for entry and given 2 entries if currently in a residential facility or have been discharged within the past 30 days. These numbers are then entered into a random number generator and drawn. The amount drawn per lottery will vary based on capacity. Only accepted referrals will be responded to, and all others will be deleted. Applicants are free to re-apply, but the application must be submitted again during the next application window.

Only one submission per open window is necessary.

Send completed application as a PDF or Word document, one application per email, and **label subject line of email and attachments with applicant initials.**

HARPS – King County @ Pioneer Human Services phone number is 206-573-1409

Housing and Recovery Through Peer Services (HARPS) Referral Form

DATE: _____ INDIVIDUAL’S ANTICIPATED or ACTUAL DISCHARGE DATE: _____

SERVICES REQUESTED:

- SUBSIDY & SUBSIDY COORDINATION SERVICES ONLY
- SERVICES ONLY – NO SUBSIDY
- SERVICES & SUBSIDY

IS HOUSING ALREADY IDENTIFIED:

- NO
- YES Please include property name, location, and contact: _____

REFERRING PROVIDER INFORMATION	
AGENCY NAME (If Self-Referral write “self” and fill in contact info and other info)	AGENCY SITE/PROGRAM NAME
AGENCY ADDRESS	
CONTACT PERSON	PHONE NUMBER (INCLUDING AREA CODE)
EMAIL ADDRESS	FAX NUMBER
Additional support or care team members for individual; name, phone, email	Role of supporter primary for coordination Y or N
Additional support or care team members for individual; name, phone, email	Role of supporter primary for coordination Y or N
Additional support or care team members for individual; name, phone, email	Role of supporter primary for coordination Y or N
*If referring for subsidy and subsidy coordination services only AND request is for anything other rental payment or move-in costs list request here:	

IDC-10 CODE	DIAGNOSIS(ES) NAME
ICD-10 Code:	
ICD-10 Code:	
ICD-10 Code:	

ANTICIPATED OR CURRENT OUTPATIENT BEHAVIORAL HEALTH PROVIDER

Agency Name	Street Address	City Zip
Contact Name	Phone	Email address
If self-referral – do you need help getting outpatient behavioral health services;	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ADDITIONAL INFORMATION

Questions are intended to guide placement decisions and are NOT grounds for program exclusion.

<p>1. MEDICAL CONDITIONS/PHYSICAL DISABILITY Does the individual have medical conditions or physical disability that may impact housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please describe in "Notes" section.</p>
<p>2. HISTORY OF INCARCERATIONS Has the individual been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide reason(s) for incarceration(s) and approximate date(s)</p>
<p>3. HISTORY OF ARSON Does the individual have a history of arson? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please describe in "Notes" section including approximate date(s)</p>
<p>4. SEX OFFENSE Is the individual a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what level? <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3</p>



NOTES

A large, empty rectangular box with a thin black border, intended for taking notes. It occupies the upper half of the page.

HOUSING APPENDIX

<p>Permanent housing - A house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO), rented or owned, with expectation of long-term residency.</p>
<p>Temporary housing - : Living with friends or family temporarily</p>
<p>Transitional housing: Housing provided as part of participation in a housing readiness program with time-limited housing and supporting services provided with the goal of permanent housing.</p>
<p>Residential Care or Adult Family Home: May include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, Rehabilitation Center, or Agency-operated residential care facilities. Regular neighborhood homes licensed by the state for two to six residents where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided.</p>
<p>Skilled Nursing/Nursing/Intermediate Care Facility</p>
<p>Residential Drug/Alcohol treatment:</p>
<p>Jail/Juvenile Correctional Facility</p>
<p>Psychiatric Inpatient Facility: Voluntary or involuntary hospitalization. Types of facility include CLIP, Inpatient Psychiatric Hospital, Veterans Affairs Hospital, or State Hospital.</p>
<p>Homeless: Those persons of all ages who lack a fixed, regular, and adequate nighttime residence including persons whose primary nighttime residence is one of the following:</p> <ul style="list-style-type: none"> • Emergency shelter (e.g., missions, churches) where residence is on a ‘night by night basis’ • Living on the streets, in a vehicle, or abandoned building • Temporary living accommodations by a voucher system (e.g., motel vouchers) • Living in a public or private place not designed for, or not ordinarily used as, a regular sleeping accommodation for human beings