

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 <u>kcharpsreferrals@p-h-s.com</u> 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 <u>Jennifer.mcpherson@p-h-s.com</u>.

Please note, submission of a HARPS Referral Form <u>does not</u> 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 <u>label subject line of email</u> 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 o	or ACTUAL DISC	HARGE DATE:	
SERVICES REQUESTED:				
☐ SUBSIDY & SUBSIDY CO	OORDINATION SERVICES ONLY			
☐ SERVICES ONLY – NO SU	JBSIDY			
☐ SERVICES & SUBSIDY				
S HOUSING ALREADY IDE	NTIFIED:			
□ NO				
☐ YES Please include pro	pperty name, location, and contact:			
	REFERRING PROVIDER			
AGENCY NAME (If Self-Referral write	te "self" and fill in contact info and other info)	AGENCY SI	TE/PROGRAM NAME	
AGENCY ADDRESS		1		
CONTACT PERSON			PHONE NUMBER (INC	CLUDING AREA CODE)
EMAIL ADDRESS			FAX NUMBER	
Additional support or care team n	nembers for individual; name, phone, email		Role of supporter	primary for coordination Y or N
Additional support or care team n	nembers for individual; name, phone, email		Role of supporter	primary for coordination Y or N
Additional support or care team n	nembers for individual; name, phone, email		Role of supporter	primary for coordination Y or N
*If referring for subsidy and subsi payment or move-in costs list requ	dy coordination services only AND request is for anythi uest here:	ng other rental		

			REFERRED	INDIVIDU	JAL INFOR	MATION				
LAST NAME OF REFERRED INDIVIDU	AL		FIRST NAME			MIDDLE NA	ME	OTHER LAST I	NAME	SUFFIX
PHONE NUMBER (INCLUDING AREA	CODE)		DATE OF	BIRTH		PROVIDER	ONE ID (IF KNOWN)		
IS THE REFERRED INDIVIDUAL CURR	ENTLY RE	SIDING AT TH	IE LOCATION/F	ACILITY IDEN	ITIFIED ABOVE	? 🗆 YES 🗆	□ NO IF NO,	PLEASE PROVI	DE ADDRESS	
NAME OF FACILITY/PROGRAM		STREET ADI	DRESS			CITY			ZIP CODE	
MEDICAL BENEFIT ☐ Medicaid/Apple Health ☐ None	,	□ Medica	are, Part(s) A	Ч□ В□ C		□ Priva	te ()			
INCOME: SOURCE & AMOUNT										
□ SSI □ SSD	1		Social Securit	v 🗆	Other ()			☐ None	
\$ \$		\$, ,		,			\$0	
INVOLVED IN CRIMINAL JUSTICE OF	R CHILD W	ELFARE SYST	EM?	☐ Yes	□No					
☐ Adult Drug ☐ Regiona	al Menta	I □ D	OC 🗆 Pro	obation [□Parole □	IBOP □	☐ CPS ☐ Otl	ner ()
Diversion Ct Health Ct			Family Treat	tment	☐ justice	9				
		C	ourt	inv	olvement/	with				
					past 3 yea	ırs				
GENDER (AS REPORTED BY CLIENT)										
☐ Male ☐ Female			Transgender	r* 🗆 In	tersex (bori	n with cha	racteristics of b	oth male and	d female)	
*If Transgender, client's geno	ler ident	ity: 🗆 Ma	le □ Fe	male						
RACE/ETHNICITY:				SI	EXUAL ORIENT	ATION:				
NACL/ETHNICITT.				3.	EXOAL ONIEN	ATION.				
PRMARY LANGUAGE:						INITE	DDDETED DEOLUDE	·D2		
PRIVIARY LANGUAGE.						livi e	ERPRETER REQUIRE	D? TES	□ NO	
ANY DEPENDENDENTS REQUIRE	HOUSIN	IG WITH RE	FERRED INDIV	/IDUAL?	☐ Yes	□ No				
YES, PROVIDE NUMBER OF DEP	ENDENTS	S AND AGES	i:							
DESCRIBE HOUSING SITUATION (If self-referral include dates location, homelessness statu outpatient, and any other cur	of treati s, length	ment, hosp	oitalization, o	detox, stab	ilization) (I	f already h	oused or in co	nmunity incl	ude curren	
IF SUBSIDY REQUESTED, CHECK	THE TYP	E AND PRO	VIDE APPROX	IMATE AMO	OUNT REOU	ESTED:				
☐ PAST ARREARS \$			□ RENT \$		PER MON		☐ OTHER	5		
		'	, y							
		l l								
							al or staff have		to	

IDC-10 CODE		DIAGNOSIS(ES) NAME					
ICD-10 Code:							
ICD-10 Code:							
ICD-10 Code:							
ANTICI	PATED OR CUI	RRENT OUTPATIENT	BEHAVIORAL HE	ALTH PROVIDER			
Agency Name	Street Address			City	Zip		
Contact Name		Phone		Email address			
self-referral – do you need help getting outpatient ehavioral health services;		Yes	ı	No			
			<u>.</u>				
Questions are	e intended to gui	ADDITIONAL INFO de placement decisions a		s for program exclus	sion.		
1. MEDICAL CONDITIONS/PHYSICAL DISABI	TY	-					
Does the individual have medical co		sical disability that may	y impact housing?	☐ Yes ☐ No			
If YES, please describe in "Notes" se	ction.						
2. HISTORY OF INCARCERATIONS							
Has the individual been incarcerate	d? □ Yes	□ No					
If YES, please provide reason(s) for i	ncarceration(s)	and approximate date	(s)				
3. HISTORY OF ARSON		_					
Does the individual have a history o If YES, please describe in "Notes" se							
ii 11.5, piease describe iii Notes se	ction including	approximate date(s)					
4. SEX OFFENSE							
Is the individual a registered sex offer If so, what level? Level 1		es ∟ No ☐ Level 3					
ii 30, Wildt level: Level 1	_ LeveiZ _	_ Level 5					

NOTES

HOUSING APPENDIX

Permanent housing - A house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO), rented or owned, with expectation of long-term residency.

Temporary housing -: Living with friends or family temporarily

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.

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.

Skilled Nursing/Nursing/Intermediate Care Facility

Residential Drug/Alcohol treatment:

Jail/Juvenile Correctional Facility

Psychiatric Inpatient Facility: Voluntary or involuntary hospitalization. Types of facility include CLIP, Inpatient Psychiatric Hospital, Veterans Affairs Hospital, or State Hospital.

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:

- 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