

Noble House Ministries, Inc. Services Referral

- Noble House
- Pilot House
- Our House

Date:	City:	County:	State:
Name:		DOB:	SSN:
Veteran: <input type="checkbox"/> Y <input type="checkbox"/> N	Branch: Army Navy Air Force Marines Guard	Dates of Service:	

**Provide a copy of DD 214 to NHMI staff AS

Phone:	Referral Source & Phone:
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Number in Family: ___ Adults ___ Children

Name(S) and Age(S) of Child(ren):

Warrants: ___ Y ___ N If yes, explain:	Sex offense conviction: ___ Y ___ N If yes, explain:	DV: ___ Y ___ N If yes, explain:	Protective Order: ___ Y ___ N If yes, explain:
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Previous homelessness?	Y	N	If yes, when:
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Previously lived in Shelter?	Y	N	If yes, where:
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Reason for Referral: ___ Eviction ___ Fire ___ Outreach ___ Institutional Release ___ Other: _____

ANY HISTORY OF:	Description:	Are you in a program or willing to be in a program?
Drugs: Y N	_____	Y N _____
Alcohol: Y N	_____	Y N _____
Mental Health Y N	_____	Y N _____
Violence Y N	_____	Y N _____

Employed? Y N	Employer: _____	Able to work? Y N	Willing to work? Y N
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Pass a drug test? ___ Y ___ N Driver's License: ___ Y ___ N Transportation: ___ Y ___ N

Last used date: _____ If no, why? _____ Insurance: _____

FOR OFFICE USE ONLY:

Staff: _____ NH Phone: _____ Cell: _____ Walk-in: _____

Refused: _____ Sheltered: _____ No Show: _____ Referred to: _____

Comments: _____
