

DIXON'S BREAKTHROUGH

LIVING SOLUTIONS LLC

AGENCY REFERRAL FORM | Agency and applicant information

Complete all applicable fields. Use N/A when needed. Referral does not guarantee placement.

Do not include Social Security numbers or detailed medical records on this form.

1. REFERRING AGENCY

Agency / organization name

Referral date

Case manager / referring staff

Title / department

Direct phone

Email

Agency address / city / state / ZIP

Preferred contact method / hours

Referral or case ID (optional)

2. APPLICANT INFORMATION

Full legal name

Preferred name / pronouns (optional)

Date of birth

Phone

Email (if available)

Current city / state

Safe method and time to contact applicant

Emergency contact / relationship

Emergency contact phone

3. REFERRAL AND PLACEMENT REQUEST

☐ Routine referral

☐ Urgent housing need

☐ Discharge / release placement

Requested move-in date

Discharge / release date (if applicable)

Reason for referral / current housing situation

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AGENCY REFERRAL FORM | Housing needs and funding

4. HOUSING BACKGROUND AND SUPPORT NEEDS

☐ Homeless / housing unstable ☐ Veteran ☐ Reentry after incarceration

☐ Domestic violence survivor ☐ Recovery support ☐ Other

Additional referral context (optional)

☐ Shared room requested ☐ Private room requested ☐ Either / discuss availability

Accessibility, mobility or communication accommodations needed

Daily living assistance needed / supports currently in place

Transportation needs: work, interviews, appointments or other

Ongoing agency services / follow-up plan

Describe practical support needs only; detailed diagnoses are not requested.

5. INCOME AND PLACEMENT FUNDING

☐ Employed ☐ Benefits / pension ☐ Active job search ☐ Other income ☐ No current income

Income source / employer (if applicable)

Approximate monthly income

☐ Resident pays ☐ Agency pays ☐ Split payment

☐ Funding pending

Sponsoring agency / payer

Funding contact / phone

Approved amount / payment frequency

Approved coverage dates

Billing email / invoice instructions

Rates, availability and payment terms must be confirmed before placement.

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AGENCY REFERRAL FORM | Readiness, consent and review

6. PLACEMENT READINESS AND DOCUMENTS

Check documents available. Send supporting records only when requested and authorized.

- ☐ Photo ID ☐ Second form of ID ☐ Income verification ☐ Job-search documentation
- ☐ Agency funding authorization ☐ Discharge / release plan ☐ Documents pending

Missing documents / plan to obtain them

- ☐ Applicant informed of referral ☐ Applicant interested in placement

Discuss program expectations with the applicant: drug- and alcohol-free housing, shared living, house rules, check-ins and individualized intake review.

Questions, relevant supervision conditions or placement considerations

7. APPLICANT ACKNOWLEDGMENT AND LIMITED CONSENT

I understand this referral is a request for review and does not guarantee admission.

I authorize the agency named on page 1 and Dixon's Breakthrough Living Solutions LLC to exchange the information provided on this form for referral review and placement coordination. This form does not authorize release of detailed medical or treatment records.

Any additional protected records require a separate authorization when applicable.

I may withdraw this consent by notifying either organization; withdrawal does not undo information already shared. Consent ends 90 days after signing unless withdrawn earlier.

Applicant signature (sign after printing)

Date

Referring staff signature (sign after printing)

Date

8. DIXON'S STAFF USE ONLY

Date received / reviewed by

Follow-up / intake date

- ☐ Pending review ☐ More information needed ☐ Waitlist ☐ Approved ☐ Declined

Decision / follow-up notes

Approval is subject to intake, confirmed availability and signed resident agreements.