

Options Foundation, Inc.

Admission Policy

Our facility serves homeless males and females needing room, board, personal care and supervision due to their mental disorder and who desire training in basic life skills to become self-sufficient. Options offer independent, with some supportive services. Residents are able to share an apartment with individual rooms. Our facility has Residents that have successfully lived independently since our opening in 1998. Our environment supports healthy management of Mental Health Systems within the community.

Admission Criteria

The following offers specific criteria used to screen potential admission:

- A. Documented Homelessness
- B. Ability to live independently including cooking and cleaning
- C. Documented chronic mental illness diagnosis
- D. Inadequate social, community and/or family support system
- E. Proof of income
- F. Ability to pay monthly rent (30% of Gross Income) and one time deposit.
- G. Ability to comply with all conduct and house rules.
- H. Ability and willingness to participate as prescribed by treating/referring physician in daily treatment plans
- I. Completed Referral package including
 - 1. List of Medication
 - 2. Psychiatric Evaluation
 - 3. Homeless Letter



Options Foundation Housing

REFERRAL APPLICATION

Location: _____

Date: _____ Intake Staff Initial _____

Referred By: _____ Phone # _____

Name: _____

SS# _____ - _____ - _____ DOB: _____

Address: _____

Resides With: _____ Phone: _____

Race: Black White Asian African-American Hispanic Other

Male () Female () Marital Status: Married Single Divorced

INSURANCE COVERAGE: _____

Medicare # _____

Medicaid # _____

Monthly Income: _____

Financial Assistance: SS SSI SSDI VA Other _____

Where is monthly check currently sent? _____

Living Situation:

- In places not meant for habitation, cars, parks, abandoned buildings, etc..
- In an emergency shelter
- In transitional or supportive housing (for persons coming from the streets)
- In any of the above places or inpatient in a hospital or other institutions
- Being evicted from a private dwelling and no residence has been identified
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no residence has been identified

Current Psychiatric Diagnosis: _____

Suicidal ideations? Past Present If yes, explain _____

Homicidal ideations? Past Present If yes, explain _____

Sexual Inappropriateness? _____ If yes, explain _____

Any behaviors that potentially endanger other residents? _____

Fire Setting? _____ If yes, explain _____

Criminal History? YES NO

If yes, explain _____

Probation Officer? Name / Phone _____

Attending Day Program? Yes No ASSESSED Program _____

List of Medications: _____

Medical Issues: _____

Physical Disabilities? _____

Can the applicant perform the following: (circle if able to perform)

Cook Clean Manage Money Maintain personal care/hygiene laundry

Does the applicant have special needs for services? Please check any that apply:

- clothing
- medical evaluation / treatment
- medications
- pharmaceuticals _____
- mental health services
- employment assistance
- transportation
- substance abuse counseling
- personal identification (SS card, birth certificate)
- assistance in application for benefits
- housing
- furniture
- other _____

Plan for special evacuation:

Name of employer: _____

Employer's Address: _____

Phone Number: _____

If not employed, is applicant employable? Yes _____ No _____ If yes, what skills do they have? _____

Options Villa

Staff Signature: _____ **Date:** _____

Was the applicant accepted into housing? () Yes () No

If no, reason for not accepting

In case of an emergency, please list the following as contact individuals:

1. _____
2. _____
3. _____