

Pioneer Transitions House

Referral Form

Voice: 360-336-0116

Fax: 360-336-0117

Pioneer Transitions House is a recovery based program to address barriers to permanent housing. As part of our program, all clients who participate will have individual goals and requirements.

The basic rules and program expectations are: pay your program fees, complete basic daily chores, and participate in community living. Threats or acts of violence are **not** allowed, and drug/alcohol use (ON or OFF premises). Clients are required to participate in Mental Health or Chemical Dependency treatment, whichever may apply.

Pioneer Transitions House is an eight (8) bed transitional program. Residency is month to month with a maximum stay of six (6) months. Each resident will have a service plan that articulates their commitment to address their housing barriers.

Case manager of referring agency: _____

Agency: _____

Phone: _____ **Fax:** _____

Email: _____

When will your referral be available to start residency?

Name of referral: _____

Date of availability: ____/____/____

Please tell us about your referral:

Housing history: _____

Entitlements: _____

Debt/Evictions/Money Management:

Basic Needs (transportation, food, clothing, etc.):

Legal (criminal history, immigration status):

Mental Health:

Substance Use/Chemical Dependency:

Financial:

Basic Life Skills:

Cultural/Linguistic Barriers:

Medical/Clinical:

Personal Support System:
