



Elmwood Avenue Community Shelter Referral

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: [ ] Male [ ] Female [ ] Transgender [ ] No Single Gender [ ] Questioning [ ] Don't Know/Refused

Race: [ ] White [ ] Black, African American, or African [ ] Asian or Asian American [ ] American Indian, Alaska Native, or Indigenous [ ] Native Hawaiian or Pacific Islander [ ] Multiple Races [ ] Don't Know/Refused

Ethnicity: [ ] Hispanic/Latino(a) [ ] Non-Hispanic/Non-Latino(a) [ ] Prefer not to answer

Preferred language: \_\_\_\_\_ Do you prefer interpretation services? Yes / No

Ways to contact you: [ ] Phone [ ] Text messages [ ] Email

Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency contact, if applicable: \_\_\_\_\_

Current Living Situation (Where did you sleep last night?):

\_\_\_\_\_  
\_\_\_\_\_

Are you homeless? [ ] Yes [ ] No

If yes, how long? \_\_\_\_\_

How long have you lived in Chittenden County? \_\_\_\_\_



**How did you become homeless?**

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**Do you have a disabling condition?**  Yes  No

**If yes, is it expected to be a long-continued and indefinite duration that substantially impairs your ability to live independently?**  Yes  No

**NOTES** (wheelchair accessible unit, service animal, etc....):

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**Do you have any current health concerns?**  Yes  No

**If yes, please explain:**

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**Please list your current medications**

\*please list both medical and mental health medications

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**Are you currently using drugs, alcohol, controlled or illegal substances?**  Yes  No

**Have you ever used drugs, alcohol, controlled or illegal substances?**  Yes  No

\*Substance use does not preclude individuals from entering Shelter\*

**If yes, what/how often/last time used:**

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**Do you have a history of violence towards yourself or others?**  Yes  No

**If yes, please explain:**

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**Are you fleeing or a survivor of Domestic Violence?**  Yes  No

**If yes, do you feel comfortable naming your identified abuser?** \_\_\_\_\_

**Have you had any involvement with law enforcement/police, probation, or court diversion?**  Yes  No

If yes, please detail all charges and dates, including open and pending charges:

\*Criminal Activity does not necessarily preclude individuals from entering Shelter\*

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Do you currently or have you ever had a restraining order against you? [ ] Yes [ ] No

If yes, please provide details & names:

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Are you a Veteran? [ ] Yes [ ] No

Are you currently employed? Do you currently have income? [ ] Yes [ ] No

If so, where: \_\_\_\_\_

**SUPPORTS IN PLACE**

Is your household currently working with other service providers in the community?

- ESD: \_\_\_\_\_
- DCF: \_\_\_\_\_
- Community Health Team: \_\_\_\_\_
- UVM Home Health Team: \_\_\_\_\_
- Howard Center: \_\_\_\_\_
- VT Chronic Care Initiative: \_\_\_\_\_
- Age Well: \_\_\_\_\_
- Vermont Center for Independent Living: \_\_\_\_\_
- Community Health Centers/Safe Harbor: \_\_\_\_\_
- COTS: \_\_\_\_\_
- CVOEO: \_\_\_\_\_
- BHA: \_\_\_\_\_
- Probation/Parole/Diversion: \_\_\_\_\_
- STEPS: \_\_\_\_\_
- Other: \_\_\_\_\_

HEADQUARTERS 88 King Street, Burlington, Vermont 05401 | P: 802.862.6244 | F: 802.862.5054

FRANKLIN/GRAND ISLE 13 Lake Street, St. Albans, Vermont 05478 | P: 802.527.2361 | F: 802.527.2373

WWW.GETAHOME.ORG

WWW.CHAMPLAINHOUSINGTRUST.ORG

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY  
EMPLOYER AND PROVIDER



Have you completed a Coordinated Entry assessment?  Yes  No

Have you engaged with anyone from an outreach team?  Yes  No

If yes, who? \_\_\_\_\_

**CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION PERMISSION TO SHARE CONFIDENTIAL INFORMATION  
FOR Elmwood Emergency Shelter Application:**

\*Please read the following notice and authorization (or ask to have it read to you) before signing. Signing is voluntary\*  
As part of the referral process Champlain Housing Trust will share information about individuals with Street & Community Outreach, Safe Harbor, Community Support Liaisons, CEDO and the Community Resource Center in order to prioritize selection.

By signing here, I agree to share the information included in this form with the agencies that are represented at the referral meeting: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SUBMIT ALL REFERRALS TO ELMWOODSHELTER@CHAMPLAINHOUSINGTRUST.ORG**