

Doorway Program Referral Form

FY2024-2025

Directions:

- Fill out form completely
- Submit this referral form and completed VISPDAT to doorway@ircgso.org
- Call Director of Programs, Bennita Curtain at 336.937.1097 with questions or concerns

Referring Agency: _____ Date: _____

Case Manager: _____

Case Manager Phone: _____ Email: _____

Client Information:

Client Name: _____ HMIS #: _____

Client Phone: _____ Email: _____

Client DOB or Age: _____ VISPDAT Score: _____

Eligibility Criteria: *(Please check all that apply.)*

- Currently experiencing Street Homelessness
- Elderly (60+ or older)
- Significant Mobility Issues – Please explain: _____
 - Examples: amputation, paralysis, stroke, multiple sclerosis, muscular dystrophy, arthritis, etc.
- Physical Health Disability – Please explain: _____
 - Examples: heart conditions, diabetes, chronic disease, hypertension, etc.
- Mental Health Disability – Please explain: _____
 - Examples: depression, anxiety, bipolar disorder, etc.
- Other – Please explain: _____

Please provide any other relevant information below:

Case Manager Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____