



## INSTRUCTIONS

Send form to

Email: [crcreferrals@greenvillerrancheria.com](mailto:crcreferrals@greenvillerrancheria.com) or Fax: (530) 727-9625

## COMMUNITY RESOURCE CENTER HOUSING PROGRAMS REFERRAL FORM

Name:

Telephone Number:

Any Other Phone Numbers Where They Can Be Reached:

Email:

Preferred Pronouns (he, she, they, other):

Mailing Address (if any):

If they are Unhoused, Location Where They Can Typically Be Found:

Age:

Primary Language:

Referred Person's Current Housing Situation:

- ☐ Living in stable or permanent housing ☐ Staying in a hotel/motel ☐ Staying in other temporary housing  
☐ Staying in a shelter ☐ Living temporarily with others ☐ Living in a Vehicle ☐ Living outside

What are the referred person's medical conditions? Please be specific.

What type of treatment is the patient currently receiving:

- ☐ Primary Care  
☐ Behavioral Health Care  
☐ Specialist's care, please describe:  
☐ Other, please describe:

Your Name:

Your Agency (if any):

Your Phone Number:

Your Email:

Your Relationship to the Person you are referring (case manager, social worker, friend, family member, etc.):