



**BETHANY HOUSE**  
**Referral Form**  
**(To be completed by a Service Professional)**

Name(s) of client/family being referred to Bethany House: \_\_\_\_\_

Date the client/family entered your agency \_\_\_\_\_

Is this person a recent victim of domestic violence? NO YES, please describe \_\_\_\_\_

\_\_\_\_\_

Can this person live independently in shelter (adequate self-care skills such as personal hygiene, cooking, cleaning...)? YES NO, please describe

\_\_\_\_\_

Please identify some strengths you have observed in this person (steps taken to maximize safety, goals identified/ achieved...)

\_\_\_\_\_

\_\_\_\_\_

Please identify any barriers this person or their children may face living in a community setting (ability to maintain confidentiality of other program participants and of location, willingness to follow program guidelines, able to live with others in a diverse community, risky behaviors such as sexual acting out or fire starting)?

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fax this form along with the completed Request for Shelter Services form to the Adult Program Manager at 419-729-2053 (preferred due to security), or email *with survivor's consent* to AdultProgram@BethanyHouseToledo.org. Thank you for the referral!**

*The mission of Bethany House is to empower survivors of domestic violence and their children by providing long-term transitional shelter and advocacy to maximize safety, ensure access to resources, and restore hope with dignity and respect.*

Bethany House is a sponsored ministry of the Sisters of St. Francis in Sylvania, Ohio

**P.O. Box 5930 Toledo, OH 43613 419-727-4948 Fax 419-729-2053 [www.bethanyhousetoledo.org](http://www.bethanyhousetoledo.org)**



## Bethany House REQUEST for SHELTER SERVICES

Please note: **If you need any assistance** with interpreting or completing this form please do not hesitate to tell the person who gave you the form. Staff can provide the form in languages other than English and you have the option of verbally dictating your answers.

We are glad you are interested in Bethany House. Bethany House is a long-term domestic violence shelter and advocacy program that is committed to helping survivors and their children achieve their goals. Bethany House does not discriminate for any reason including the color of your skin, ethnic origin, cultural experience, native country, sex, age, religion, gender expression, or sexual orientation. Our shelter and support services are provided free of charge.

Described here are the eligibility criteria for Bethany House and some basic information about our services. The questions below are helpful to determine whether you are eligible and whether Bethany House can offer you the support and assistance that best fit your needs. You have the right to not answer any question you believe is not necessary to determine eligibility.

Please complete the form and return it to the person making the referral on your behalf (shelter advocate, case manager/therapist.) Once we receive your referral, we will review it and contact your referral source within 3 business days. If you are eligible, and when we have a space available, we will coordinate with your referral source a time to meet with you to discuss the next steps in the process. This meeting can take place at your referral source's office or any public place we both feel is safe (coffee shop, library, etc.) and that will provide enough privacy for our conversation.

**Thank you for your interest. We look forward to hearing from you soon!**

### Eligibility Criteria

Determination of acceptance into Bethany House will be made on a case by case basis, based on the following minimum criteria and guidelines. Applicant must be:

- ◆ A survivor of domestic violence;
- ◆ In need of housing as a result of domestic violence;
- ◆ At least eighteen years old or an emancipated youth;
- ◆ Applicant must be willing to consent to abide by Bethany House program guidelines.
- ◆ Applicant must not be using illegal substances or abusing alcohol; OR applicant must be fully participating in a treatment program.
- ◆ Applicant must be able to benefit from domestic violence specific services in a shelter environment
- ◆ Able to safely\* live independently,
  - \* Bethany House recognizes that the applicant does not have control over the batterer's behavior or the behavior of people associated with the batterer. We also strive to help each participant maintain the safest life possible, and will not exclude participation or withhold assistance based on batterer's behavior.

### Bethany House can provide:

- ◆ Advocacy and emotional support, including counseling
- ◆ Assistance finding and maintaining permanent housing
- ◆ Safety planning & Goal setting
- ◆ Vocational and employment assistance
- ◆ Assistance with transportation, child care and essential needs
- ◆ Referrals to community resources and coordination of services
- ◆ Follow-up services upon exiting shelter

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# REQUEST for SHELTER SERVICES

Today's date: \_\_\_\_\_ Survivor's Name: \_\_\_\_\_

How did you hear about Bethany House? \_\_\_\_\_

### Background

Are you over 18 years of age?  Yes  No

What is your preferred language? \_\_\_\_\_

Are you able to understand (verbal and/or written) English?  Yes  No If no, please describe:

Please list all other people who would reside with you in shelter. Please include all relevant dependents, including those of which you may not currently have custody. Please provide gender, age, and any specific needs or accommodations:

Name	Age	Gender	Needs or Accommodations

Do you have a companion or service animal(s)?  Yes  No

Are there any accommodations we can assist you with or provide, to ensure your (and your children's) ability to fully participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, language or sign language interpretation, service animals, etc. You are welcome to skip this question or only include information you believe is relevant to your participation in long-term shelter.

### Current Living Situation

Have you been a recent victim of domestic violence?

Yes  No If Yes, when did something last occur? \_\_\_\_\_

Where are you currently staying? \_\_\_\_\_ Is this a safe place?  Yes  No

If Yes, how long are you able to stay there? \_\_\_\_\_

If No, would you like someone to contact you about options for safe, emergency shelter?  Yes  No

Preferred method of contact (this will be the way that you are contacted for safety planning):

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If we contact you by phone, is it safe to leave a message?

Yes  No If no, when would be the best day and time to call? \_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)? \_\_\_\_\_

Is there anything you would like to share with us about your immediate safety concerns?

### Additional Support & Services?

Please describe the types of assistance and support you would you like to get from Bethany House:

*Please note that this request / referral does not constitute acceptance into Bethany House's transitional shelter. If you are eligible, a follow-up meeting will be scheduled and additional information will be requested. Thank you!*



**RELEASE FOR ELECTRONIC COMMUNICATIONS**

As a convenience to me, I hereby request that Bethany House communicate with me and/or my referral source regarding the services provided by Bethany House via electronic communications (internet, e-mail or text message). I understand that this means Bethany House will transmit my personally identifying information, information about my appointments, progress and other individually identifiable information about my services to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any personally identifying information transmitted via electronic communications pursuant to this authorization (except as noted above) may not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Bethany House shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Bethany House to me.

After being provided this notice of the security risks inherent in use of electronic communications, I hereby expressly authorize Bethany House to communicate electronically with me, which will include the transmission of my personally identifying information electronically. I understand that in the event I no longer wish to receive electronic communications from Bethany House, I may revoke this authorization by providing written notice to Bethany House at P.O. Box 5930 Toledo, OH 43613 or fax at (419)729-2053.

I agree that Bethany House may communicate with me electronically unless and until I revoke this authorization by submitting notice to Bethany House in writing. This authorization does not allow for electronic transmission of my personally identifying information to third parties and I understand I must execute a separate authorization for my personally identifying information to be disclosed to third parties.

I hereby authorize the transmission of my personally identifying information electronically as described above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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