



BETHANY  
HOUSE

## Referral Packet

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.

P.O. Box 5930 Toledo, OH 43613

Office 419-727-4948

Fax 419-729-2053

[www.bethanyhousetoledo.org](http://www.bethanyhousetoledo.org)

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

# Bethany House Referral Steps

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**1**

Review Bethany House Request for Shelter Services, Eligibility Criteria, and Services Overview (on pages 1 and 2).

**2**

Service Professional (such as a shelter advocate, case manager, therapist, doctor) completes Bethany House Referral Form (on page 3).

**3**

Survivor completes Request for Shelter Services form and returns to Service Professional (on pages 4 -5).

**4**

If electronic communication is preferred, Survivor signs Release for Electronic Communications (on pages 6-7).

**5**

All documents are sent by Service Professional to the Adult Program Coordinator by fax or email per instructions on referral form.

**6**

If Survivor is eligible and when space is available, the Adult Program Coordinator will contact the Service Professional to schedule a meeting.

# Bethany House Request for Shelter Services

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Bethany House is a long-term domestic violence shelter and advocacy program committed to helping survivors and their children achieve their goals. Bethany House does not discriminate on the basis of ability, age, national origin, race, color, ancestry, family/marital status, sex, religion, sexual orientation, gender expression, military status, disability status, medication needs, guardianship status, need for auxiliary aids, use of a service animal, or any other protected status under applicable laws in any of its activities.

The next page explains our guidelines for eligibility, as well as our services. Use this information to decide whether you should apply and whether Bethany House can offer you the support and assistance that best fits your needs.

To apply, complete the form on pages 4 - 9, then return it to the service professional who is making the referral. You have the right to not answer any

Bethany House staff can provide this form in languages other than English, and you have the option of verbally dictating your answers.

Bethany House works hard to be accessible and inclusive to people of all kinds. Individuals with disabilities are welcomed, valued, and included.

To request accommodation or for questions about accessibility, please contact the Executive Director at 419-727-4948 ext. 302.

question you believe is not necessary to determine eligibility. 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 work with your referral source to plan a time to meet with you. 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 will provide enough privacy for our conversation.

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

# Who Should Apply?

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Acceptance into Bethany House is decided on a case-by-case basis, beginning with the following minimum 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. Minor children of an adult applicant will be admitted.
- Applicant must be willing to consent to Bethany House program guidelines. Examples:
  - Participants agree to protect Bethany House's undisclosed location, which includes not sharing the address or inviting unapproved guests.
  - Participants are responsible for providing childcare for their children.
- Able to complete self-care and routine household tasks independently. When needed, personal care assistants are welcome, but must be provided by the participant and approved by Bethany House.

## Bethany House Can Provide

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

# Bethany House Referral Form

To be completed by a service professional.



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

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

Is this person a recent victim of domestic violence?  Yes  No Please describe:

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Can this person live independently, or through use of a participant-provided and Bethany House approved Personal Care Assistant (PCA), in shelter (adequate self-care skills such as personal hygiene, cooking, cleaning)?  Yes  No Please describe:

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IF using a PCA, list full name and relationship (if any) to the applicant:

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

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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; ability to live with others in a diverse community; harmful or assaultive behaviors such as physical or sexual violence or fire starting): \_\_\_\_\_

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

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

Please fax this form along with the completed Request for Shelter Services form to the Adult Program Coordinator at 419-729-2053 (preferred due to security), or email with survivor's consent to [AdultProgram@BethanyHouseToledo.org](mailto:AdultProgram@BethanyHouseToledo.org).

Thank you for the referral!

# Request for Bethany House Services Form



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 each person who would reside with you in shelter. Include children you may not currently have custody of. Accommodations may include 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.

Name	Age	Gender	Needs or Accomodations
yourself			
child			
child			
child			
child			
child			



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

### 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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!

# Request for Electronic Communications

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As a convenience to me, I hereby ask that Bethany House communicate with me and/or my referral source about Bethany House services and application process through electronic communications (internet, e-mail, or text message).

I understand that this means Bethany House will send my personal information, information about my appointments, and my application status through electronic communications.

I understand that there are risks in sending personal information by e-mail, on the internet, via text message, or otherwise.

I understand that such communications may be lost, delayed, intercepted, corrupted, or otherwise altered, rendered incomplete, or fail to be delivered.

I also understand that any personal information sent through electronic communications may not be encrypted.

Since sending information electronically cannot be guaranteed to be secure or error-free, and its confidentiality may be vulnerable to access by unauthorized persons, 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.

I understand that I may revoke/undo this authorization for electronic communication by providing written notice to Bethany House at  
P.O. Box 5930 Toledo, OH 43613 –OR--  
fax to (419)729-2053 –OR--  
email to [execdirector@bethanyhousetoledo.org](mailto:execdirector@bethanyhousetoledo.org)



After being provided this notice of the security risks in using electronic communications, I hereby give my permission to Bethany House to communicate electronically with me and my referral source.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name of referral source/organization