

Sage Community Partnership

Polaris House Initial Referral Form

Client Name	Date of Birth:	Age:	Date of Referral:	Referral Agent Name & Relationship	
				Office #:	Cell #:
Client Address / Current Placement	Client Phone:		Date Placement Needed:	Chafee Involved ?	Work FBC ?

To expedite the placement process, please provide all information requested on this form. Continue on next page, if necessary.

Current Situation: (Include Legal Status)

Placement History: (Past Two Years)

Strengths/Skills:

Diagnosis/Medications:

Court Involvement/Adjudications: (Include any violent or sex related criminality)

Educational Status and Future Goals:

Vocational Status and Goals:

Supportive Team Members (Including Family, Professionals, Collaterals, Friends)

Name	Relationship	Phone	Name	Relationship	Phone

