



## Provider Referral Form – GPD Community-Based Case Management

Please send completed referral forms to Christine Tassia, Clinical Director

Email: [christine.tassia@nechv.org](mailto:christine.tassia@nechv.org)

Fax: (617) 371-1756

*\*required field*

### Referral Contact Information

Referral Date: \*

Organization Name: \*

Contact/Referral Person Name: \*

Contact/Referral Phone Number: \*

Contact/Referral Email: \*

### Veteran Details

Name: \*

Age: \*

Date of Birth: \*

SSN: \*

Gender: \*

Race/Ethnicity: \*

Street Address: \*

Unit #:

City: \*

State: \*

Zip Code: \*

Veteran Phone Number: \*

Veteran Email:

Branch of Service:

Discharge Status:

Is the Veteran VHA eligible?

Has the Veteran's GPD eligibility been confirmed in SQUARES?

**Household Details**

Relationship status: \*

How many additional household members?

# Adults:

# Minors:

Explain any household/DV/IPV concerns:

**Emergency Contact**

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Email:

**Income**

Total Gross Monthly Income (\$0 if none):

Income Sources (check all that apply):

- |            |               |
|------------|---------------|
| Employment | Pension       |
| Retirement | SSI           |
| SSDI       | VA Disability |
| Other      | If other:     |

**Housing Status**

How long has the Veteran experienced homelessness?

Is the Veteran permanently housed? \*

If not, has permanent housing been secured?

Explain any current or potential barriers to housing retention:

**Medical and Mental Health Needs**

Does the Veteran have any medical concerns?

If yes, please explain:



Does the Veteran have any substance use concerns?

If yes, please explain:

Does the Veteran have any mental health concerns/diagnoses?

If yes, please explain:

Can the Veteran ambulate without assistance?

If not, does the Veteran use: Walker Wheelchair Other:

Can the Veteran take care of their activities of daily living (ADLs)?

If not, please explain:

Veteran's Primary Care Provider information:

**Legal Barriers**

Is the Veteran a registered sex offender? \*

If yes, what level?

If yes, lifetime registrant?

Is the Veteran currently on parole/probation?

If yes, PO name and contact info:

If yes, stipulations of parole/probation:

Does the Veteran have any legal issues that could be a barrier to housing?

**Reason(s) for Referral**

Explain reason(s) for referral:

What are the Veteran's goals?

Describe any safety concerns/risks: