

*Email all referrals to* [*jubileehomenc@gmail.com*](mailto:jubileehomenc@gmail.com)

**Referral Form**

*To be filled out by young person*

**Contact**

Name: Date:

Address:

City: State: Zip: Phone:

Date of Birth: Medicaid Number (if applicable):

Legal Guardian: Relationship: Phone:

Age: *Race: Gender: or Prefer Not to Say Race/Gender*

**Education**

Currently Enrolled in: \_\_\_High School \_\_\_ College \_\_\_Community College \_\_\_ GED \_\_\_ None

Highest Level of School Completed: \_\_\_Mid \_\_\_ High \_\_\_ College \_\_\_Comm College \_\_\_ GED \_\_\_ Other

Briefly Describe your educational goals:

**Housing**

Briefly Describe your current housing situation:

Where will you stay tonight:

**Employment**

Do you have a job? What are your career goals or dreams?

**Financial**

What sources of income do you have? \_\_\_Job \_\_\_ Food Stamps \_\_\_SSI/Disability \_\_\_ Family Support

Do you have any savings?

**Services**

Are you currently receiving any services such as substance use counseling, mental health treatment, or case work from any other agencies? If so, where?

Why are interested in Jubilee Home?

What is one thing about yourself you like?

One thing you do not like?

Anything else you want us to know about you?

*To be completed by referring agency if other than the young person*

Referring Person: Referring Agency:

Date: Phone: Email:

Relationship to young person:

Why you are referring this young person? Are you an ongoing support person for them?

List any concerns you have about this young person’s ability to live independently, and any other

supports they may have:

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