

# Steven's Hope for Children, Inc.



## Social Worker Referral Form for Steven's Hope Apartment

(To be completed by social worker)

(909) 373-0678 Fax: (909) 981-4578 www.stevenshope.org

Our apartments are for families with children receiving critical outpatient treatment. If the family lives within 75 miles of the hospital, there must be a medical requirement that they remain a few minutes from the hospital (see "Basic Information for Social Worker" sheet). All requests must be made by an in-serviced social worker or hospital designee. If a family member wishes to make a request, please have them contact the appropriate authorized personnel.

Date of request: \_\_\_\_\_ In-patient \_\_\_ Out-patient

Patient Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Wk# ( ) \_\_\_\_\_ Other ph # ( ) \_\_\_\_\_

Father Occupation: \_\_\_\_\_ Mother Occupation \_\_\_\_\_

Primary Language spoken: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Referred By (social worker/hospital designee): \_\_\_\_\_ Phone/ext) \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Estimated length of stay: \_\_\_\_\_

Family members/persons that will be staying in apartment:

Name _____	Relationship to child: _____
Name _____	Relationship to child: _____
Name _____	Relationship to child: _____
Name _____	Relationship to child: _____

**IMPORTANT!! WE NEED YOUR HELP IN DETERMINING WHETHER YOUR FAMILY WILL MAKE A GOOD CANDIDATE FOR OUR APARTMENT. THE APARTMENT HAS RULES THAT MUST BE FOLLOWED, OR WE CAN LOSE OUR LEASE. THERE IS NO SUPERVISION ON THE PREMISE TO ENFORCE THESE RULES ON A DAILY BASIS. PLEASE TAKE MATURITY OF FAMILY INTO CONSIDERATION BEFORE REFERRING THEM TO STEVEN'S HOPE FOR CHILDREN. (NOTE: WE CAN NOT TAKE A FAMILY THAT HAS BEEN ASKED TO LEAVE A HOUSING FACILITY SUCH AS THE RONALD MCDONALD HOUSE, CANDLELIGHTER FACILITY, WHITE HOUSE OR SIMILAR FACILITY FOR BREAKING THE RULES) THANK YOU!**

Explanations/Comments: \_\_\_\_\_

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### CHECK-IN PROCEDURES:

1. Fax this referral form to Steven's Hope for Children.
2. Have family being considered complete and fax the Family Questionnaire to Steven's Hope for Children.
3. Once approved, a representative from Steven's Hope will meet with family at the hospital or at the apartment to complete check-in papers.