

## Cedars HOPE, Inc. Referring Agency Agreement



Agency Name:		
Agency address:		
Phone:		Fax:
City:	State:	ZIP Code:
Referring Person Name:		
Contact Email Address:		Date of Referral:    /    /
Person Being Referred:		

As a referring agency to Cedars HOPE, Inc., we will help to ensure individuals submitting an application meet housing, income and mental health requirements. We agree to the following policies regarding referring all individuals, as follows:

- The referring agency representative will review the Resident Application Form with the woman being referred and sign that they are aware of the individual's housing and mental health needs.
- The referring agency representative will participate in the onsite interview with a case manager at Cedars HOPE.
- We understand that clients who with a history of substance/alcohol abuse must be participating in a substance abuse program and be substance free for at least 3 months prior to being referred.

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Referring Agency Representative

\_\_\_\_\_

Date

**Mail application to Cedars HOPE, Inc. 527 W. Berry Street, Fort Wayne, IN 46802 or call us at (260) 420-3507.**