

BE HOME-IDD Program: Bayaud Enterprises' Housing Options Mean Everything Program Referral Form

To complete by phone, please call 720-979-2645

Date: _____

Participant Legal Name: _____ Preferred Name (if any): _____

Participant Phone Number(s): _____ Participant Email (if any): _____

DOB: _____ Gender: _____ Address: _____ City: _____ State _____ Zip code _____

Primary Language: _____ Caregiver Name(s) and relationship(s): _____

Caregiver Phone/Email: _____ Primary Language: _____

Referral Source Name: _____ Referral Source Relationship/Agency: _____

Referral Source Phone Number: _____ Referral Source Email: _____

Participant Guardian(s): Self/Other(s) List name/contact details: _____

Participant Strengths: _____

Does the participant have a diagnosed Intellectual and Developmental Disability (I/DD)?

Yes/No/Unknown/Testing in Progress.

Notes: _____

Other Services Receiving/Applied For if any: _____

Housing Status:

Homeless, Unsheltered Homeless, Sheltered Renting Own Home Staying with Friends
 Family Home Group Home Host Home Assisted Living Facility Hospital Jail/Prison
 Housed, seeking other options Other (Describe): _____ Housing Status Notes _____

Housing and Related Details, check all that apply, and provide details if known.

Housing Voucher Type: _____ At-risk of Eviction/Placement Loss/Housing Unstable: _____
 Conviction History: _____ Previous Eviction: _____ Interested in long-term planning
 Cash Income, Type if known (Working, SSI/SSDI, Retirement etc.): _____

Notes: _____

*****If the participant Does Not have a diagnosed intellectual and developmental Disability (I/DD) please provide the information requested below, if known. *****

Existing/Previous Diagnoses (physical/cognitive and/or mental health) and approx. onset date/age of participant at onset date, if known: _____

Suspected Diagnoses and approx. onset date/age of participant at onset date, if known: _____

Current/History of Special Education? Y/N/Unsure. Please Describe: _____

Difficulties with Tasks Below Check all that apply:

Requires Supervision (more than same-aged peers if child) Dressing and/or bathing Mobility/ Transportation
 Acquiring /Preparing Food/Eating Communication Getting Along with Others Medical/Financial
Management Safety Concerns Other Please List: _____