

Alexander Loyde Housing

Stability Begins with a Safe Home

Complete Reentry Referral Form

Referral Source Information

Facility / Agency:

Referring Staff Name:

Phone: Email:

Best contact method / notes:

Individual Information

Number / DOC ID: Name:

Gender: DOB:

Projected Release Date:

County of Release:

Veteran Status: Yes No Unknown

U.S. Citizenship: Yes No Unknown

Documentation: Will the individual be released with state ID, Social Security card, birth certificate, or other identifying documents?

Discharge / Supervision Information

Discharge Type: Flat Parole Other Unknown

If on parole, include duration:

Supervising county / office:

Officer / contact person, if known:

Release or supervision notes:

Use this form to provide enough information for a timely housing fit review. If a detail is unknown, please mark Unknown or note it in the comments.

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Complete Reentry Referral Form - Housing Readiness

Mental Capacity / Independence

Mental Capacity: Able to make sound decisions independently? Yes No Unknown

Able to live independently in shared housing? Yes No Unknown

Able to follow house rules / expectations? Yes No Unknown

Level of Care: Can the individual independently manage activities of daily living (bathing, grooming, toileting, eating, transferring)? If not, please specify which ADLs require assistance.

Medical / Behavioral Health

Major medical condition known? Yes No Unknown

Known mental health diagnosis? Yes No Unknown

Currently taking medication? Yes No Unknown

Medication management concern? Yes No Unknown

Medical and mental health details, including diagnoses, medications, or concerns that may affect shared living:

Mobility / Accessibility

Uses mobility aids? Yes No Unknown

Type of mobility aid: Walker Wheelchair Rollator Cane Other

Mobility or accessibility details:

Income / Benefits

Does the individual have funding? Yes No Pending Unknown

Income source: SSI SSDI VA Employment Agency

Other income source:

Estimated monthly income amount:

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Complete Reentry Referral Form - Benefits and Legal Information

SSI / SSDI Status

SSI/SSDI approved or reinstated? Yes No Pending Unknown

Outstanding obligations to Social Security? Yes No Unknown

SSI/SSDI status details: If an application has been submitted, please share current status. Include any reinstatement status or known obligations to Social Security.

Charges / Legal Information

Offense:

Offense Date: County:

Case Number:

Sentence:

Sentence Discharge Date:

Additional legal notes or restrictions that may affect placement:

Placement Notes

Housing timeline: Immediate 2 Weeks 30 Days Unknown

Additional notes helpful for housing placement decision:

Please return completed form to info@alexanderlloyde.com. For urgent coordination, call or text 470.527.4080.