GOING HOME HAWAI'I
RESTORATIVE JUSTICE. EQUITY. SAFE COMMUNITIES.

AGENCY REFERRAL FORM

EAST Hawai'i: Phone: (808)491-2437 | Fax: (808)498-0315
WEST Hawai'i: Phone: (808)464-4003 | Fax: (808)464-4288

Today's Date:_____

Referral Recieved (GHH):_____

Please check the box for the program you are referring your client to:

- ☐ Pu'uhonua Wellness Center (Hilo-Men's Housing)
- ☐ Pu'uhonua Wellness Center (Kona - Men's Housing)
- ☐ Pu'uhonua Wellness Center (Hilo-Women's Housing)
- ☐ Pu'uhonua Wellness Center (Kona - Women's Housing)
- ☐ Pu'uhonua O Na Hapu'u (Hilo-Nonbinary Housing)
- ☐ Justive Navigator (Currently Houseless ONLY)

PERSONAL DETAILS:

Full Name: _____ Pronouns (he/she/they/ze)_____
Last First MI

DOB: (MM/DD/YYYY) _____ Last 4 SSN: ____ Sex at Birth: ☐ Male ☐ Female

Sexual Identity:_____

PERSONAL/ALTERNATIVE CONTACT INFORMATION:

Personal Phone Number:_____ Personal Email:_____

Alternative Contact Name: _____ Relationship to Client: _____

Phone Number: _____

Best Method of Contact: _____

JUSTICE INVOLVEMENT:

Currently incarcerated: YES ☐ NO ☐

If so, Location: _____

Date of release: _____

Involvement:

HISC ☐ Incarcerated ☐ Pending Release ☐

Probation ☐ Parole ☐

Other:

Are you currently required to register as a sex offender? YES☐ NO☐

HOUSING STATUS:

- ☐ Currently Homeless
- ☐ At Risk of Homelessness
- ☐ Currently Housed
- ☐ Other: _____

- Monthly Income? $ _____

Reason for Referral:

_____

_____

_____

REFERRAL SOURCE:

Referral Source Name: _____

Agency/Relationship to Individual: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

For Office Use (ONLY):

☐ **Proceed to Screening & Waitlist**

☐ **Not Eligible, Refer elsewhere.**