



Chattanooga Room in the Inn Referral Form

Referrals can be faxed to 423-624-6061 or emailed to gmoss@chattanoogaroomintheinn.com. All referrals will receive a confirmation via email. If no email is listed on the referral, no confirmation will be sent.

ALL referrals will be background checked. Please have your client sign the consent form on the next page. If a client has a child 13 or older, the parent must include the child's name on the consent form.

All residents are required to gain employment while participating in the program. Employment provides structure, responsibility, and financial stability, which are core values of our program. Residents who receive SSI or SSDI benefits are still expected to obtain and maintain part-time employment as part of their participation. This expectation supports our goal of helping residents build consistent routines and prepare for independent living.

Chattanooga Room in the Inn is not an emergency shelter. CRITI is a shelter program lasting up to six months. Residents will live in a community living space. Residents share common areas such as the kitchen, lounge area, dining room, etc. Residents do get their own bedroom and beds. CRITI will be required to address the following priorities while the client is contracted in the program: Finances, family, employment, health, and housing.

ALL CRITI residents **MUST**:

- Work a full time job; 30 hours/week minimum, within 30 days of admission
- Save 30% of all income
- Attend mandatory case management meetings, life skills classes, counseling sessions, and any assigned meeting/session with community agencies/partners
- Do nightly chores
- Adhere to random drug screens and room checks
- Adhere to all CRITI policies/rules

CRITI residents can **NOT**:

- Be actively fleeing domestic violence
- Have an untreated, diagnosed drug or alcohol dependency within the past year
- Have a violent criminal history

If your client meets the criteria listed above, please complete the referral form below. Once a referral form is received by CRITI, case management will send a received email to the referral source. CRITI does not accept phone calls from clients asking for an update on their referral. Referral sources are responsible for the updates on referrals. Once a room becomes available, a case manager will contact the client to complete a phone interview.

Referral Sources Contact information:

Name: _____

Agency: _____

Phone Number: _____

Email: _____



Chattanooga Room in the Inn Background Check Consent

CRITI is a residential program for women and children with a public address, due to these factors, all staff, volunteers, and residents must participate in a background check. Potential residents are interviewed and evaluated on a case-by-case basis. Results from the background check will be discussed with each potential resident prior to a program admission decision. If you feel the received background check findings contain errors, disputes can be made by contacting Express Background Checks.

I, _____, give permission for Chattanooga Room in the Inn to complete a background check on me through:

Express Background Checks
P.O. Box 816, Red Oak, TX 75154
(800) 935-9261
info@expressbackgroundchecks.com

IF YOU HAVE CHILDREN 13 or older, please write their full names.

Your signature at the bottom of the page gives consent for CRITI to run a background check on your child(ren).

The only time my information would be shared without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A resident presenting a danger to themselves or others
- A court order that requires disclosing the information

I hereby give you my permission to release information to CRITI, subject to the conditions listed above.

I confirm that the purpose of this form has been explained to me and I understand its content. My signature below indicates my consent.

Signature _____ Date _____



Clients Contact Information

Phone Number: _____

Email: _____

Client first/middle/last name: _____

Client Alias/adopted name/married name/etc: _____

Client DOB: _____ Client age: _____

Client SSN: _____

Why is the client experiencing homelessness? Please be specific to the situation. Referrals that are vague in explanation will not be accepted.

When did the client become unhoused? _____

How many times has the client experienced homelessness? _____

How long (weeks/months) has the client experienced homelessness in total? _____

What is the client's last permanent address?

Has the client ever been to CRITI? If so, state year and why the client left:

Does the client have any mental health diagnosis? If so, please explain:

If yes, is the client receiving treatment? If yes, what kind of treatment and where?

Does the client have any chronic health diagnosis?

Is the client capable of taking care of themselves without assistance? _____

Does this client owe money to any landlords/realty agencies/Chattanooga Housing Authority? If yes, please explain who is owed money and how much:



Does the client have any electric or water bills in arrears? If so, please explain who is owed and how much: _____

Does the client have income from any source? Example: Employment, SSI, SNAP, Temporary Assistance for Needy Families, etc. If yes, please explain what income the client has, and how much they receive and if they are eligible to work:

Is the client working with any other agencies? If yes, please list what agencies, and what services the client is receiving:

Does the client have any criminal charges? If yes, please explain when it happened, and what happened:

Does the client have children? If yes, how many? _____

Child name: _____ DOB: _____

Is this child in school/daycare? If so, where? _____

Child name: _____ DOB: _____

Is this child in school/daycare? If so, where? _____

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Child name: _____ DOB: _____

Is this child in school/daycare? If so, where? _____

Child name: _____ DOB: _____

Is this child in school/daycare? If so, where? _____

Do any of the child/children have a disability or chronic health issues? If yes, please explain: _____

