



611 North Rampart Street
New Orleans, LA 70112-3505
(504) 584-1111
www.covenanthouseNOLA.org

Form for Potential Referral from Hospital, Mental Health Institution, Court or Juvenile/Criminal Legal Institution

REFERRAL INFORMATION

Client First Name: _____ Client Last Name: _____

Client DOB: _____ Client SSN: _____

Referring Institution/Court/Organization: _____

Referral Contact Name & Title: _____

Referring Institution Phone: _____ Email: _____

Please note, Covenant House New Orleans' Care Center:

- Is a *temporary* emergency shelter for unhoused youth ages 16 – 22.
- Is not a lockdown facility – youth may enter and leave on their own free will.
- Program goals include care and crisis stabilization for unhoused and at-risk youth, education and employment support, transition to healthy, independent living.
- Staff are mandatory DCFS reporters for minors.

QUESTIONS FOR REFERRING INSTITUTION

Was the client homeless upon entering the referring institution?

1. Yes
2. No - If no, where were they living previously? _____

With whom were they living? _____

Please confirm that the family has been contacted and the client is in fact, homeless.

1. Date of contact _____

2. Family Contact Information

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

3. Client emergency contact info (**required**)

Name: _____

Address: _____

Phone: _____ Email: _____

4. What's the plan for permanent/long-term housing outside of Covenant House?

5. What is the plan for follow-up psychiatric care? Is there an appointment scheduled?

Yes - Appointment date: _____ Time: _____ If no, why not? _____

Doctor name: _____

Address: _____

Phone: _____

6. Where can the individual receive services in the future?

Name: _____ Phone: _____

Address: _____

INFORMATION AND DOCUMENTS NEEDED FOR INTAKE

**This must be sent to Covenant House within 24 hours of notification; fax number is (504) 584-1171.*

- Discharge summary form with client demographics and insurance information
- Psychiatric evaluation and diagnosis information
- 30-day prescriptions for all necessary medications and at least 10 days' supply of each medication
- Signed release form allowing Covenant House to continue communication with hospital social worker and staff

What's the plan for transporting the client to Covenant House? Intake may only take place Monday through Thursday, 10 am – 3 pm. Youth must be accompanied by a staff person from the referring institution.

Who will provide transportation? Name/Title: _____

Phone: _____ Date of transport: _____ Expected time of arrival: _____

FOR COVENANT HOUSE OFFICE USE ONLY

Staff Name: _____	Date: _____	Time: _____
Referral Accepted?		
JaNét Peters LCSW _____		
Cheryl Bowie LMSW _____		
Corine Brown DSW, LCSW-BACS _____		