



**Bernalillo County Department of Behavioral Health and Bernalillo County  
Housing Community Connections Supportive Housing for Hope Village**

**Referral/Pre-Application**

**Applicant Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Inmate/Unit number:** \_\_\_\_\_

**Applicant’s mailing address (if any):** \_\_\_\_\_

**Applicant’s contact number:** \_\_\_\_\_

**Emergency contact name & number** \_\_\_\_\_

**Applicant’s email address:** \_\_\_\_\_

**Referring Agency/Official:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

Name	Relationship	DOB	SSN	Disabled Y or N	Child lives with parent?
	Head of Household				

**I certify that the applicant appears to meet the program qualifications of eligibility, one must meet one of the following qualifying factors:**

**■ Being Homeless or Precariously Housed:**

Household /Individuals considered homeless or precariously housed in an unsafe living environment if, without assistance would have to spend the night in a homeless shelter or in a place not meant for human habitation or in a household not conducive to sober and crime free lifestyle.

- Person(s) living on the streets, in an emergency shelter, or in a transitional housing program for the homeless.
- Person(s) with a legal eviction notice, or other similar circumstances in which they cannot return to their previous housing or are to lose their housing immediately.



- People with disabilities who are inappropriately living in an institution or other facility may be considered homeless if no other housing placement is available or appropriate.
- People live with others who are on a regular basis engaging in excessive substance use or criminal activity.
- Persons with no known fixed night time residence that without this program would be literally homeless.

**Involved in the Criminal Justice System in Bernalillo County:**

- Is the applicant in custody or has recent history of incarceration? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_
- Applicant must have Three (3) or more bookings at MDC in the last five years and placed in the PAC unit at least one of the three times? **Yes** \_\_\_\_\_ **No**\_\_\_\_\_ **# of Bookings** \_\_\_\_\_

**Behavioral Health Diagnosis**

(Substance Abuse, Mental Health and/or Cognitive Impairment)

Two or more inpatient hospital admissions in a 12-month period or three or more behavioral health related encounters with PES or the ED in a 6-month period of time.

One or more admissions in a 24-month period to County Behavioral Health Services programs (supportive aftercare, detox)

- Serious Mental Illness (Diagnosis if known) \_\_\_\_\_
- Co-Occurring Disorder \_\_\_\_\_
- Substance Abuse Disorder \_\_\_\_\_
- Other disability requiring a reasonable accommodation \_\_\_\_\_

**Are you receiving rental assistance from another supportive housing program or on a waiting list?**

If Yes, through what agency? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referrer Signature/Agency** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In order for referral to be accepted it must be signed and dated by applicant and referring agency.**

**Please attach all documentation of applicant meeting program requirements (if available).**

Effective: 04/01/2021