

FAMILY REFERRAL

INTERIM HOUSING WITH SUPPORT

Safe. Stable. Supportive.



SAFE SHELTER



SUPPORT FOR
THE WHOLE FAMILY



CARE &
RESOURCES



PATHWAY TO
STABILITY

STABILIZATION ASSESSMENT FOR FAMILIES ENTERING (SAFE) BRIDGE HOUSING

Referral Form for Families

Purpose of the Referral

The Stabilization Assessment for Families Entering (SAFE) Bridge Housing Referral Form is used to assess eligibility and support prioritization for Behavioral Health Bridge Housing (BHBH).

This referral supports the determination of eligibility and appropriate matching for interim housing for families with minor children, including pregnant individuals expecting a child.

Family size capacity may vary based on available unit configuration. Age limits may also vary by location.

BHBH Interim Housing Only

This referral is for BHBH interim housing consideration only. For additional shelter availability in other community programs, please contact Sacramento 211 by dialing 2-1-1.

Instructions for Referrers and Families

Please answer all questions as completely and honestly as possible based on current circumstances.

The information collected is used only to evaluate household needs, determine eligibility, and support safe and appropriate interim housing placement.

Incomplete referrals may not be processed. Completion of this form does not guarantee interim housing.

Referral Requirements

All sections of the referral form must be completed, and all required fields must be filled out prior to submission.

How to Submit Referral

Submit via Secure Email:	dhs-bhs-bhbhreferral@saccounty.gov
Subject Line:	[SECURE] Family Referral – (Last Name, First Initial)

***If you have the ability to send a secure email, please do so. If not, submit your referral and staff will follow up to provide a secure method for sharing additional information if needed.*

Important Confidentiality and Use of Information

Your answers help us determine what supports a family's needs and how appropriately we can connect them to shelter and services.

Our focus is to help families stay safe and get stabilized. Homelessness itself is not a reason for child welfare involvement. Information is shared only when required by law to protect someone's safety (for example, mandated reporting applies when a child is in immediate danger).

Support Oriented and Non-Punitive Use Statement

Identifying challenges related to homelessness, parenting stress, school attendance, supervision, or system involvement will not be held against the family.

These questions are asked to help determine needs, reduce instability, and connect families to appropriate supports, not to assign blame or determine parental fitness.

SECTION 1 — WHO IS SUBMITTING THIS REFERRAL?

Submitted By (Your Name)

Relationship to Household *e.g., parent,
probation officer, social worker, pastor, self*

Organization / Agency *if
applicable*

Phone Number

Email

Date of Referral *MM/DD/YYYY*

Best Method to Reach You

SECTION 2 — HEAD OF HOUSEHOLD

The head of household is the primary adult who will live at the site and is the named applicant for this program.

First Name

Last Name

Date of Birth *MM/DD/YYYY*

Phone

Email *if available*

HMIS ID number *if available*

SmartCare Number *if available*

Managed Care Plan (MCP)

Current or Last Known Location

Photo ID

- | | | |
|--|---|---|
| ☐ State-issued ID | ☐ Driver's License | ☐ Passport |
| ☐ Tribal ID | ☐ Other — describe below | ☐ No ID — needs assistance |

If Other, describe:

Additional Information:

Pets:

☐ Yes

☐ No

If yes:

Number of Pets: _____

Type of Pet: _____

Vehicle:

☐ No Vehicle

☐ Operational Vehicle

☐ Non-Operational Vehicle

Pregnant:

☐ Yes

☐ No

If yes:

Number of Months: _____

Estimated Due Date: _____

Pet Policy:

- Up to 2 pets total allowed — either 1 dog (maximum 25 lbs.) or 2 small pets with a combined weight under 25 lbs.

Vehicles:

- **Operational vehicle:** currently registered and insured, in working condition, and you have a valid driver's license.
- **Non-operational vehicle:** not registered or insured, not working, or you do not have a valid driver's license.

Conviction(s):

☐ Not Applicable

☐ Drug felony

☐ Arson

☐ 290 Registrant

☐ Juvenile Sex Offender (JSO)

☐ Violent

☐ Other (Please explain): _____

SECTION 3 — ALL HOUSEHOLD MEMBERS WHO WILL LIVE AT THE SITE

List every person who will live at the site, including the head of household. Include all children and any additional adults.

Full Name	Date of Birth	Age	Relationship to Head of Household	HMIS ID <i>if known</i>	Notes

SECTION 4 — CHRONICITY AND CABIN NEEDS

Chronicity of Homelessness (Check only one)

☐ The household includes at least 1 adult with a disabling condition and has experienced chronic homelessness as either:

1. 12 or more consecutive months, or
2. 4 or more separate episodes of homelessness totaling at least 12 months within the past 3 years

☐ Literally Homeless – Not Chronic (does not meet 1 or 2 above)

☐ Other Housing Instability

(Briefly describe): _____

Current Housing Situation (Check only one)

☐ Household is currently unsheltered, meaning staying outdoors, in a vehicle, or in a place not meant for human habitation

☐ Household is staying in emergency shelter, interim housing, hotel or motel

☐ Other housing (e.g., sleeping on couches, sleeping at friends' or family members, apartment etc.)

(Briefly describe): _____

Accessibility, Disability, or Support Needs (Check all that apply)

☐ Requires ADA compliant Cabin

☐ A child or adult in the household has disability-related needs that would benefit from an ADA unit

Please briefly describe any needs or accommodation(s) that may be helpful: [Click or tap here to enter text.](#)

☐ A child or adult in the household has developmental, intellectual, or neurological differences that may require accommodation(s).

Please briefly describe any needs or accommodation(s) that may be helpful: [Click or tap here to enter text.](#)

☐ No known accessibility or support needs currently

SECTION 5 — SYSTEM-INVOLVED YOUTH IN THE HOUSEHOLD

Answer this section for any eligible child in the household who is currently involved with the child welfare system, the probation system.

5A — Which system is involved?

Check all that apply:

- ☐ Child Welfare (WIC 300) — has an assigned social worker through the child welfare agency
- ☐ Probation (WIC 600) — has an assigned probation officer and/or is under court supervision
- ☐ Unsure which system or what the current status is
- ☐ Not applicable

Name(s) of system-involved youth in the household: *(List each youth and which system applies to them)*

5B — Child Welfare (WIC 300) Youth

Complete this section only if a child or youth in the household is a Child Welfare (CPS) dependent.
Otherwise skip to 4C.

Assigned Social Worker Name

Phone

Agency / County

Most Recent/Current Placement *e.g., with parent, foster home, group home*

What is the current reunification status?

- ☐ Reunification plan in place — court order exists authorizing child to reside with the named adult
- ☐ Reunification plan in progress — no court order yet, social worker authorization needed
- ☐ Reunification is the goal — housing is the primary barrier to reunification
- ☐ Unknown — need help understanding the current status

5C — Probation (WIC 600) Youth

Complete this section only if a child or youth in the household is under probation supervision.
Otherwise skip to 4D.

Assigned Probation Officer Name

Phone

Court /Supervision Conditions *if any*

Youth's Full Name

SECTION 6 — LEGAL AUTHORITY FOR CHILDREN IN THE HOUSEHOLD

Answer this section for every child under 18 who will live at the site. The key questions are: who has the legal right to decide where this child lives, and will that person be at the site?

6A — Who holds legal authority for children in this household?

Check all that apply. If different children have different arrangements, note that in the field below.

- ☐ The adult living at the site has full legal custody or guardianship of all children
- ☐ Legal custody is shared — more than one person holds legal authority (court order exists)
- ☐ The County holds custody — child is a court dependent (WIC 300)
- ☐ The probation department holds placement authority (WIC 600)
- ☐ Different children have different legal arrangements — describe below
- ☐ Unsure of the legal custody status

Describe the legal authority arrangement for each child, especially if arrangements differ:

6B — Will the person with legal authority over the children live at the site?

The person who holds legal custody or guardianship of ALL children who would live at the site.

☐ **YES**
☐ **NO**

*Adult must have legal custody or guardianship over ALL children living at site in order to qualify.

Describe the informal caregiving arrangement: *(Who cares for each child, where biological parents are, any prior court or agency involvement)*

SECTION 7 — ADDITIONAL ADULTS IN THE HOUSEHOLD

List any adults (18 or older) other than the head of household who will live at the site. For each additional adult.

Additional Adult #1

First Name

Last Name

Date of Birth MM/DD/YYYY

Relationship to Head of Household

Phone

This adult's relationship to children in the household:

- ☐ Has legal custody or guardianship — court order exists
- ☐ Has legal custody or guardianship shared with another person
- ☐ No legal custody or guardianship order — informal caregiving role (e.g. relative or family friend providing day-to-day care)
- ☐ Other

Please Describe: _____

SECTION 9 — RISKS AND BARRIERS ASSESSMENT

Child Stability Indicator (Check all that apply):

- ☐ Frequent school changes due to housing instability
- ☐ Chronic school absenteeism related to housing instability

List School if known: _____

- ☐ Significant behavioral, emotional, or safety concerns impacting daily functioning or supervision needs (e.g., behaviors that may pose safety concerns to the child or others, self-harm concerns, impaired judgment, or symptoms requiring additional support)
- ☐ Difficulty maintaining regular routines (sleep, meals, hygiene) due to housing instability
- ☐ Child has an Individual Education Plan (IEP) and/or 504 plan

Safety & Supervision Considerations (Check all that apply)

- ☐ Fleeing or attempting to flee violence or targeted safety threats (e.g., domestic violence, stalking, trafficking, exploitation, or credible threats of harm)
- ☐ Caregiver experiences challenges maintaining consistent supervision due to housing instability and unmet basic needs (e.g., securing food, transportation, or a safe place to sleep).
- ☐ Caregiver expresses concern about child safety due to current housing circumstances
- ☐ Family has had prior child welfare involvement related to housing instability

Health, Pregnancy, and Infant Considerations (Check all that apply)

- ☐ Caregiver is pregnant

- ☐ Caregiver has an infant under age 1
- ☐ Child is reuniting with a caregiver following hospitalization or higher level of care
- ☐ Household members have medical needs difficult to manage without stable housing

Caregiver Capacity (Check all that apply)

- ☐ High caregiver stress related to housing instability that impacts daily functioning
- ☐ Caregiver has significant behavioral health needs interfering with parenting and is open to supportive services
- ☐ Limited informal support(s) (family/friends)
- ☐ Caregiver navigating multiple systems (school, benefits, courts, healthcare)

System Risk & Prevention (Check all that apply)

- ☐ Risk of CPS involvement due solely to homelessness
- ☐ Risk of family separation without stable housing
- ☐ Loss of benefits, childcare, or school placement due to instability
- ☐ Court, school, or medical issues impacted by lack of housing
- ☐ Currently linked to a Behavioral Health Provider or Substance Use Provider

List Provider Information (if known):

Provider Name: _____

Provider Case Manager or Contact: _____

Provider Phone Number: _____

Provider Email: _____

SECTION 10 — ANYTHING ELSE WE SHOULD KNOW?

Use this space to share anything about the household composition, legal situation, or circumstances that will help staff prepare to support this family.

Additional Information:

Referrals may be submitted without all required documentation.

However:

- All required documentation must be available and provided at the time of intake at the shelter
 - A 30 day waiver from the shelter operator may be provided, as applicable, to obtain additional documentation
- Placement cannot proceed until required documentation is received and verified
- Referring parties are responsible for ensuring documentation can be obtained within required timelines
- Households must be willing and able to provide documentation upon request as a condition of placement

Referrals may be accepted and reviewed while documentation is pending; however, placement will remain pending until all required documentation is received.