



Date of Referral: \_\_\_\_\_

Agency or Person submitting referral: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Spouse/Adult member \_\_\_\_\_

Child(ren) (ages/gender): \_\_\_\_\_

Last known address: \_\_\_\_\_

City, State and zip code

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Any other information related to circumstance:

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In accordance with the Family promise policies and procedures, we conduct a background check and drug screening for admittance into the program. Please have applicant sign acknowledging the background and drug screen policy.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



Please fax or email information:

[mradcliff@welcomehouseky.org](mailto:mradcliff@welcomehouseky.org)

Fax: 859.431.6297

**STAFF USE ONLY**

Staff Name: \_\_\_\_\_

Referral Received Date: \_\_\_\_\_