**T.I.P. TRANSITION TO INDEPENDENCE PROGRAM**

# CLIENT REFERRAL FORM

Please fill all fields. Skip questions that are not applicable.

Email completed form to [kat@bencac.com](mailto:kat@bencac.com) or Fax to (707) 745-9118

**CLIENT INFORMATION**

FIRST NAME: Click here to enter text. LAST NAME: Click here to enter text.

SOCIAL SECURITY NUMBER: Click here to enter text.

DATE OF BIRTH: Click here to enter text.

GENDER: Click here to enter text. LANGUAGE: Click here to enter text.

MOBILE: Click here to enter text.

**REFERRED BY (ORGANIZATION):**

ORGANIZATION: Click here to enter text.

CONTACT NAME: Click here to enter text.

PHONE: Click here to enter text. EMAIL: Click here to enter text.

REFERRAL DATE: Click here to enter text.

**ADMISSION CRITERIA**

IS CLIENT MENTALLY DEBILITATED? Click here to enter text.

CAN CLIENT CARE FOR THEMSELVES? Click here to enter text.

CAN THE CLIENT AFFORD THIS PROGRAM INDEPENDENTLY?

\*There is a monthly fee of at least $600/month per bed or $800/private room. Click here to enter text.

DOES THE CLIENT HAVE A HISTORY OF NON-COMPLIANCE: Click here to enter text.

ADDITIONAL NOTES: Click here to enter text.

\*Transition to Independence Program (TIP) is a transitional housing program. We operate out of a shelter in Fairfield, CA. TIP is a sober living house compliant with Megan’s law. We reserve the right to refuse service to anyone.