



# Client Referral Packet

Referral Packet for the following organization's assistance programs:

Iglesia Cristiana Inc. d/b/a Dream4 Group

Code Purple

Dream4 Group Treatment Programs

**Dream4 Group Mission:**

Our mission is to assist the citizens of State and city in the areas of obtaining housing, treatment for medical or health reasons, educational resources for personal growth and to assist in the ending of homelessness through community engagement opportunities. In partnership with other organizations Dream4's efforts will be a full rendering of care from different avenues in order to help people who find themselves in difficult situations to find respite through our services.

**Dream4 Referrals:**

- **Agencies making referrals must send their referral submission to our Executive Director, Director of Operations or Location Manager for the site requested.**
- **Please review all requirements for referrals in order to expedite your submission.**
- **Referrals will be reviewed within 24 hours of submission if not sooner. Dream4 will do their due diligence in reviewing information. Submission of referral does not constitute placement into a facility or program.**
- **Our ED, Director of Operations or managers will respond with the final results of referral.**
- **Transportation will be provided to approved submissions. We will operate our transportation between 8 am and 4 pm.**
- **Responses will normally be sent by email unless otherwise specified. If you need your submission results in another format than email please specify that in your submission.**

**Dream4 Housing Opportunity:**

- **Single Parent Family Rooms or Family Rooms**
  - No more than 3 individuals per family will be allowed
  - Dream4 has set forth rules and regulations that must be followed accordingly. All disobedience of the rules and regulations will have consequences.
  - Must be mentally and mentally stable for a living environment provided by Dream4.
  - There are no convicted sex offenders allowed on Dream4 properties or locations. All referral agencies are expected to check registry and send documentation before submission.
  - Must be willing to attend family workshops and basic family counseling to help the growth of the family unit.
  - If after being submitted into the program there is any signs or symptoms of drug abuse or mental health issues a case worker will be assigned in order to find treatment. If the resident or visitor is in a current treatment program the information of where and who is administering the treatment must be shared with staff at Dream4.
- **Re-Entry or First Time Referral Submissions**
  - Must be 18 years of age or older

- Must have recently been involved in a correctional situation and wanting rehabilitation to live a better life.
  - Must be willing to attend weekly meetings and workshops to assist in rehabilitation set forth by Dream4.
  - Must abstain from all illegal activities. If this is not followed it will constitute discharge.
  - Dream4 has set forth rules and regulations that must be followed accordingly. All disobedience of the rules and regulations will have consequences.
  - Must be mentally and mentally stable for a living environment provided by Dream4.
  - There are no convicted sex offenders allowed on Dream4 properties or locations. All referral agencies are expected to check registry and send documentation before submission.
  - If after being submitted into the program there is any signs or symptoms of drug abuse or mental health issues a case worker will be assigned in order to find treatment. If the resident or visitor is in a current treatment program the information of where and who is administering the treatment must be shared with staff at Dream4.
- **Living Sober without Drugs and Alcohol**
- Must be 18 years of age or older
  - Dream4 accepts single females for our sober woman's home.
  - Must be willing to attend weekly meetings and workshops to assist in rehabilitation set forth by Dream4.
  - All referrals to our sober living home must consent to a urine drug screen before being allowed into the Dream4 Home.
  - Must have recently been involved in a correctional situation and wanting rehabilitation to live a better life.
  - Must abstain from all illegal activities. If this is not followed it will constitute discharge.
  - Dream4 has set forth rules and regulations that must be followed accordingly. All disobedience of the rules and regulations will have consequences.
  - Must be mentally and mentally stable for a living environment provided by Dream4.
  - There are no convicted sex offenders allowed on Dream4 properties or locations. All referral agencies are expected to check registry and send documentation before submission.
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Potential Resident:

Referral Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Known Address: \_\_\_\_\_

MCI#: \_\_\_\_\_ Sex (circle one): Male      Female      Non Binary      Other

Marital Status (circle one): Single      Married      Divorced      Separated      Other

Race/Ethnicity: \_\_\_\_\_ (Dream4 Notes: \_\_\_\_\_)

Age: \_\_\_\_\_ Income per week: \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_



Referral Case Manager Information:

Case Manager Referring Potential Resident: \_\_\_\_\_

Emergency Contact for Potential Resident: \_\_\_\_\_

Phone number for referring agency: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have anything you would like to confidentially share in regards to this case that would assist Dream4 in helping make sure the treatment is the best possible for this potential resident or visitor?

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Does the client have a history of substance abuse, mental health issues or other disorders?

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Does the client have any history of alcohol abuse or self harming or self inflicted obesity?

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Has the client ever been a sex offender?

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Has the client ever been admitted to a behavioral health facility?

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Does the client have a case manager or a case worker helping them or their family with their situation?

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Are there any disabilities or physical issues that would need to be addressed in the living arrangement for this client?

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Has there been any previous plan put in place to help this individual or family grow to a better life? If so, what has been done and with which agencies?

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What services has the individual or family taken advantage of from the State or local non profits?

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How many individuals are requesting housing?

| Name: | Circle one:    | Age |
|-------|----------------|-----|
|       | Adult or Child |     |
|       | Adult or Child |     |
|       | Adult or Child |     |



**Potential Client and Resident Payment Information**

How will this stay be paid for? Check one: Emergency Voucher \_\_\_ Self Pay \_\_\_ Other Funding Source: \_\_\_

Other notes for payment that need to be expressed:

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**Dream4 Team Notes**

Type of Insurance  
Medicaid      Blue Cross Blue Shield      United Health Care      Other  
MHP      Health Partners      Aetna Medicare

Policy ID #:

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Group / Plan #:

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SSN:

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**Final Results of Dream4 Determination**

Check one: Approved \_\_\_ Denied \_\_\_ Pending \_\_\_ Standby \_\_\_

**If Denied because of:**

Check one: No Vacancy      Not compliant with requirements      Does not meet criteria

**If approved, approved for which program:**

Check one: Family      Re entry / First time      Living Sober

**If approved, which room and location will the resident and visitor be located:**

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**If approved, housing assignment starts and ends on the following dates:**

Starts: \_\_\_\_\_

Ends: \_\_\_\_\_

**Dream4 staff signature in agreement with the above decision:**

Dream4 Staff Signature: \_\_\_\_\_

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

**Referring case worker or agency signing that they acknowledge the receipt of this decision:**

Referral Agency Signature: \_\_\_\_\_

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