



## Resident Services Referral and Intake Form

We are invested in your presence in this community. Resident Services staff works to connect you with community resources to support your household needs. Thank you for meeting with us for a service referral.

**Submit this form to your Site Manager or Resident Services Coordinator to receive support!**

Contact Resident Services:

**Email:** [residentservices@communityrootshousing.org](mailto:residentservices@communityrootshousing.org) **Phone:** 206-556-3335

Print Name	Sign Name	Date
Building	Unit #	Phone #
Preferred Language	Email	

### What is your preferred form of communication?

- Phone     Email     Mail     In Person

### Would you like to sign up for the Resident Services monthly email newsletter?

- Yes     No

### What are you interested in being connected to? Please check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Caregiver                | <input type="checkbox"/> Case Management                | <input type="checkbox"/> Childcare Resources       |
| <input type="checkbox"/> Chore Workers            | <input type="checkbox"/> Community Centers              | <input type="checkbox"/> Disability Services       |
| <input type="checkbox"/> Discounted Tickets       | <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Parenting Resources       |
| <input type="checkbox"/> Employment Assistance    | <input type="checkbox"/> Language Support               | <input type="checkbox"/> Furniture Resources       |
| <input type="checkbox"/> Financial Education      | <input type="checkbox"/> Food Assistance                | <input type="checkbox"/> Immigrant Resources       |
| <input type="checkbox"/> Government Assistance    | <input type="checkbox"/> <b>Health Services</b>         | <input type="checkbox"/> Mental Health Counseling  |
| <input type="checkbox"/> Legal Services           | <input type="checkbox"/> LGBTQ Resources                | <input type="checkbox"/> Substance Abuse Services  |
| <input type="checkbox"/> <b>Rental Assistance</b> | <input type="checkbox"/> Senior Services                | <input type="checkbox"/> <b>Utility Assistance</b> |
| <input type="checkbox"/> Suicide Prevention       | <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Veterans Resources        |
| <input type="checkbox"/> Youth Services           | <input type="checkbox"/> Other (Please Describe): _____ |  |



## Resident Services Referral and Intake Form

**This section below is completed at the Service Referral Meeting with your Resident Services Coordinator:**

Date of Meeting:

How often would you like to be in contact with a Resident Services Staff Member?

- Weekly       Bi-Weekly       Once a month       In 6 months
- I do not need to meet with a Resident Services staff member

**Is there anything else you would like to let Resident Services know?**

---

---

---

---

---

**If the Service Referral Meeting conducted over the phone, document time and date of phone call with Resident in lieu of signature:**

---

Resident Name Printed and Signature Date

---

Resident Services Staff Name Printed and Signature Date