



## THE OPEN DOOR, INC. REFERRAL

*Please complete in full and send to:*

[reppayee@opendoorhousing.org](mailto:reppayee@opendoorhousing.org) OR

The Open Door, Inc., PO Box 99243, Pittsburgh, PA 15233

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OR

The Open Door, Inc.

PO Box 99243

Pittsburgh, PA 15223

Questions? Call and talk to a Representative Payee Service Coordinators at 724-609-3667.

### **What to expect:**

- After we get this form, we will call to ask you some more questions. Please give us up to 7 business days before you call us.
- If we agree that The Open Door is a good fit:
  - We will schedule a time for us to talk about your goals. Invite who supports you. Some examples:
    - Partners
    - Neighbors
    - Friends
    - Family
    - Social workers/case managers
- You take the lead! We will work beside you and your team. You can focus on your health and success.

\*Note: We are only able to help a small number of people with Social Security applications. We will work with you to decide if it is a good fit. We want your needs to be met, so if we don't feel like we are the best people to help you, we will send you to someone who can help!



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Name \_\_\_\_\_ Date of referral \_\_\_\_\_

Referring agency \_\_\_\_\_ Person making referral \_\_\_\_\_

Staff contact number \_\_\_\_\_ Staff email address \_\_\_\_\_

**Identifying Information:**

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_ Pronouns \_\_\_\_\_

Address Currently Staying At \_\_\_\_\_

Phone # \_\_\_\_\_

Who can we call if we can't reach you? \_\_\_\_\_ Phone # \_\_\_\_\_

Which program(s) are you interested in?	<input type="checkbox"/> Housing <input type="checkbox"/> Representative Payee <input type="checkbox"/> Help applying for Social Security benefits
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HIV Status	Do you see a case manager or social worker at any of the following?	Case Manager Information	
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<input type="checkbox"/> Allies for Health + Wellbeing <input type="checkbox"/> Central Outreach Wellness Center <input type="checkbox"/> Macedonia FACE <input type="checkbox"/> Positive Health Clinic <input type="checkbox"/> UPMC CCID/PACT Clinic (Falk Building)	Name:	
		Phone:	
		Email:	

Hepatitis C Status	Treatment Status
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<input type="checkbox"/> Have taken treatment <input type="checkbox"/> Have not taken treatment <input type="checkbox"/> Not sure

History of
<input type="checkbox"/> Mental Health (Diagnosed/Undiagnosed) <input type="checkbox"/> Arrest/Incarceration <input type="checkbox"/> Eviction Notices <input type="checkbox"/> Shut off Notices <input type="checkbox"/> Substance Use

Current Living Arrangement
<input type="checkbox"/> Rental housing [Is housing income based? <input type="checkbox"/> Yes] <input type="checkbox"/> Doubled up/couch-surfing <input type="checkbox"/> Eviction notice or large amount past due <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> Institution – hospital, nursing home, etc. <input type="checkbox"/> Incarcerated <input type="checkbox"/> Homeless – Outdoors/Shelters <input type="checkbox"/> Homeless – Transitional Housing

Source of Income
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Employment <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other <input type="checkbox"/> None



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**AUTHORIZATION TO DISCLOSE INFORMATION**

I hereby authorize \_\_\_\_\_ to release the information from the records of \_\_\_\_\_, DOB \_\_\_\_\_.

Only the information below is to be released:

- Psychiatric Evaluation/Summary of Hospitalization (include discharge summary)
- Medical/Hospitalization/Developmental/Social History
- HIV Information:

- Course of Treatment
- Lab Reports/Dates
- Date Diagnosed
- AIDS Diagnosis
- Appointments

- Psych Evaluations
- Case Management
- CD4 Count
- Medical History
- Viral Load

- Hepatitis A, B, C
- Medications
- Other: \_\_\_\_\_

I authorize The Open Door, Inc. to provide my information, specifically as related to HIV/AIDS status, to the Minority AIDS Initiative partner in my area, Allies for Health + Wellbeing. I understand that contact attempts, including but not limited to phone calls, emails, home visits, etc., will be made in order to ensure my involvement in medical care for the purpose of improving my health and safety.

**PLEASE FORWARD INFORMATION TO THE ATTENTION OF:**

**The Open Door, Inc.**  
**PO Box 99243, Pittsburgh, PA 15233**  
[reppayee@opendoorhousing.org](mailto:reppayee@opendoorhousing.org)  
**Fax: 855-862-5411**

I have been told that, in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person or agency listed above, and will be in effect for 90 days after the date of my signature, unless specified below. I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon. This consent shall be in effect:

(FROM MM/DD/YYYY UNTIL MM/DD/YYYY)

PARTICIPANT NAME (PRINT)	CLIENT SIGNATURE	DATE
STAFF MEMBER NAME (PRINT)	STAFF MEMBER SIGNATURE	DATE

