



Providing Hope for Maine's Women Veterans

**Betsy Ann Ross House of Hope**

PO Box 5661, Augusta, Maine 04330

207-798-9280

## **Referral form**

Email: [martha@barhh.org](mailto:martha@barhh.org)

**Date of Referral:**

**Referral Agency /Source:**

**Name/Agency/Phone # of Individual(s) making Referral:**

**Date of HOMES Assessment Completion:**

**Veteran's Name and Current Location:**

**Date of Birth:**

**Social Security Number:**

**U.S. Armed Forces Discharge Status (i.e. Honorable, General etc.):**

**Maine Care Number (If Applicable):**

**Maine Care Status (If Applicable):**

**Disability % and benefit monies currently receiving:**

**Mental Health Diagnoses (If Applicable):**

**Date of Diagnosis (If Applicable):**

**Diagnosing Clinician (If Applicable):**

**Criminal History:**

**Most recent community supports and contact information:**

<b>VA or Other Case Manager Name:</b>
Phone/Fax:
<b>Psychiatrist Name:</b>
Phone/Fax:
<b>Primary Care Physician Name:</b>
Phone/Fax:
<b>Therapist Name:</b>
Phone/Fax: