Eden's Glory Initial Referral Form:
To be completed by EG Staff or Referral Source
upon Initial Inquiry

Date: _____ Name of Caller: _____Relationship: _____

Name of Potential Resident: _____ Age: _____

Current Location: _____ Contact #: _____

DOB: _____   SS#: _____

Emergency Contact (Name and #): _____

Number of children: _____ Ages: _____

Custody Arrangements: _____

Number of years in addiction: _____ Chemical Preference: _____

Is this an active addiction? _____ If not, length of sobriety_____

Length of time in the life: _____

Type of trafficking (labor or sex) _____

Current location and relationship to trafficker: _____

History of Abuse (physical, sexual, emotional): _____

Mental Health Dx, if any: _____

Mental Health Treatment: History or Current:

Medication (names and prescribing physician): _____

_____

Inpatient (dates and locations): _____

_____

Outpatient (dates and locations): _____

_____

Physical disabilities or chronic/ongoing health conditions: _____

_____

Prescribed Medications: _____

Suicide Attempts: _____

Any current suicidal thoughts/attempts (yes or no and how recently)_____

Any active self-harm (yes or no, how recently and type –cutting, scratching, biting
etc)_____

Medical Insurance? _____ Provider: _____

Arrest Record: _____

Felonies: _____

Pending Cases: _____ Probation? _____

Probation officer: _____ Phone Number: _____

Family Relationships: _____

Current relationships: _____

Education: _____ Employment History: _____

Any outstanding debt? Yes or No and how much? _____

Person Completing the Intake: _____ Referred by: _____

Once we receive this information, we will be contacting you with any additional questions we may have and we will set up a time for an interview. Following the interview, and once we have any additional necessary information, we will be meeting as a staff to make the decision on acceptance.

Due to the fact that we only have room for four women at a time at Eden's Glory, our space is limited and if we are unable to accept you at this time, we would like to discuss with you the possibility of adding you to our waiting list until the appropriate time. Thank you for your understanding and patience through this process.