



tcode: \_\_\_\_\_

**Empowerment. Impact. Community. One STEP at a time.**

### Resident Contact Form

Type of Contact: ☐ Referral  
☐ Follow Up Contact

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

**Referring Party Information (if self-referral, skip to Resident Information):**

☐ Resident Neighbor ☐ LifeSTEPS Staff ☐ Other ☐ Anonymous

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Property Staff: ☐ Yes ☐ No If yes, Title: \_\_\_\_\_

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

Did resident give permission for referral? ☐ Yes ☐ No

**Resident Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Issues:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Client Assistance: Groceries      | <input type="checkbox"/> Coping Skills/Emotional Support | <input type="checkbox"/> Education, Preschool         |
| <input type="checkbox"/> Client Assistance: Rental         | <input type="checkbox"/> Friendly Visit                  | <input type="checkbox"/> Employment Counseling        |
| <input type="checkbox"/> Client Assistance: Medical        | <input type="checkbox"/> Health Care                     | <input type="checkbox"/> Employment Job Skills        |
| <input type="checkbox"/> Client Assistance: Transportation | <input type="checkbox"/> Housekeeping Issues             | <input type="checkbox"/> Financial, Public Asst.      |
| <input type="checkbox"/> Client Assistance: Utilities      | <input type="checkbox"/> Parenting                       | <input type="checkbox"/> Financial, Budgeting         |
| <input type="checkbox"/> Client Assistance: Employment     | <input type="checkbox"/> Personal Care                   | <input type="checkbox"/> Financial, Food              |
| <input type="checkbox"/> Client Assistance: Scholarship    | <input type="checkbox"/> Counseling/Mental Health        | <input type="checkbox"/> Financial, Utilities/Housing |
| <input type="checkbox"/> Client Assistance: Sports         | <input type="checkbox"/> Education, Adult                | <input type="checkbox"/> Mediation                    |
| <input type="checkbox"/> Client Assistance: Youth Devl.    | <input type="checkbox"/> Education, ESL                  | <input type="checkbox"/> Computer/Technology          |
| <input type="checkbox"/> Legal                             | <input type="checkbox"/> Education, K-12                 | <input type="checkbox"/> Translation                  |
|  | <input type="checkbox"/> Transportation                  |   |

**NOTE TO LIFESTEPS STAFF:**

**PLEASE DO NOT DISCLOSE DETAILED HEALTH INFORMATION, INCLUDING MENTAL HEALTH OR SUBSTANCE ABUSE ISSUES**

**Referrals or Education Provided:** ☐ Services Provided ☐ Services Declined

**Outcomes Obtained and Recorded in Case Log:** ☐ Yes ☐ No

DSS Name: \_\_\_\_\_ Signature: \_\_\_\_\_