Project Live, Inc.
465-475 Broadway, Newark, NJ 07104
Phone: (973) 481-1211 Fax: (973) 481-0195
E-mail: info@projectlive.org

COMMUNITY SUPPORT SERVICES REFERRAL PACKET

Thank you for your interest in Project Live, Inc. (PLI). PLI provides residential and community support services to individuals with mental illness. These services range from 24-hour, supervised, group homes to independent living.

Housing opportunities for individuals able to live independently consist of apartments and single-family homes. The single-family homes accommodate 3-4 people. Rental rates are calculated at 30% or 40% of each person's monthly income, based on the funding source. Housemates are expected to share basic household responsibilities.

Please review the following criteria prior to completing the attached referral form. PLI does not discriminate based on race, creed, color, age, ethnicity, religion, gender, sexual orientation or national origin in either the eligibility or intake process.

Inclusionary Criteria:

Individuals wishing to apply for Community Support Services must:

1. Have a serious and persistent mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder or Major Depression, Recurrent as classified in the DSM-V
2. Require active rehabilitation and support services to achieve community integration through the restoration of functioning in social, employment, education and housing domains.
3. Be 18 years of age or older
4. Demonstrate sufficient psychiatric stability such that they do not require inpatient services
4. Agree to sign a lease, which identifies the contracting parties' rights and responsibilities

Exclusionary Criteria:

1. Persons with diagnoses of substance use or addictive disorders as classified in the DSM-V (without a concurrent primary diagnosis as indicated in item 1 on the inclusionary criteria)
2. Symptoms and/or behavior that present a danger to self, others, or property
3. Persons with a history of arson, homicide, attempted homicide, or patterns of violent behavior, including sexual assault/molestation will be assessed as to the clinical appropriateness of the referral
4. Persons with medical conditions requiring skilled nursing care

Once your completed referral packet is received, it will be reviewed. You will be contacted when a suitable opening becomes available. You may keep in touch to indicate your continued interest in Project Live's housing and/or services. Once again, thank you for your interest in Project live, Inc.

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COMMUNITY SUPPORT SERVICES APPLICATION

Date of Referral: _____

Referral Source:

Name of Agency: _____
Type of Agency: _____
Agency Address: _____
Agency Contact: _____
Title: _____
Agency Telephone _____

** If Project Live, Inc. is the referral source, please attach the resident's Basic Information Sheet

Application Information:

Applicant's Name _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

D.O.B.: _____ ____ Social Security #: ____-____-____ Sex: ( ) Male ( ) Female

Current Residence: (Check One)

Check	Type of Housing	Name of Agency or Lease Holder	Move in Date
	Group Home		
	Supervised Apartment		
	Own Home or Apartment		
	With Family/Friends		
	Other		

Previous Residence: (last 5 years: use separate sheet if necessary)

Address: _____
Move in Date: _____ Move Out Date: _____
Landlord's Name & Telephone Number: _____
Reason for Leaving: _____

Reason for Referral to Project Live, Inc.:

Diagnoses (DSM-V/ICD-10):

Current Treatment Provider:

Name of Psychiatrist: _____

Psychiatrist's Telephone Number: _____

Name of Therapist/Counselor: _____

Therapist's/Counselor's Telephone Number: _____

Medication History:

Name	Dosage	Frequency	Date Prescribed	Date Stopped

Drug and Alcohol History:

Age first used drugs/alcohol: _____

Substances used (list all alcohol/illegal drugs used):

_____

_____

_____

Drug(s) of choice (including alcohol): _____
Date of last use: _____

Describe history of treatment (treatment providers, dates of treatment):

_____

_____

_____

Describe current services/treatment (e.g., AA, NA, Double Trouble, etc.):

_____

_____

_____

Financial Status:

List sources of income (e.g., SSI, SSD, GA, Wages): Amount/month:

_____ _____

_____ _____

_____ _____

_____ _____

Health Benefits:

Medicaid: ( ) YES ( ) NO Number: _____

Medicare: ( ) YES ( ) NO Number: _____

Other Health Insurance: ( ) YES ( ) NO

(Company and number) _____

Employment:

Are you currently employed? Yes _____ No _____

If yes:

Employer's Name: _____

Employer's Address: _____

Employer's Telephone: _____

Family/Community contact:

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Legal Status:

Is there a history of or current involvement with the legal system? If yes, explain:

_____

_____

_____

Please include the following documentation with this application:

Copy of Social Security Card
Copy of Birth Certificate
Copy of Current Social Security Award Letter or any other Proof of Income

Additional Information Required:

1. Copy of initial psychiatric evaluation
2. Copy of most recent psychiatric evaluation
3. Copy of initial (admission) psychosocial assessment and annual/(re-admission) assessments (if applicable)
4. Copy of most recent treatment plan
5. Copy of most recent physical examination
6. Copy of discharge summaries of previous admissions
7. Copy of most recent substance abuse assessment
8. Copy of case review/treatment team notes

_____ _____

Signature of Applicant Date

Please send completed information to:

Project Live, Inc.
Attn: Jennifer Calchi
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E-mail: jcalchi@projectlive.org