

# Polaris House Independent Living



1603 Orchard Ave.  
Boulder CO 80304



## Initial Referral Form

## Applicant Information

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

### Current Resident of Boulder County?: Yes / No

If Yes,  
Years you've resided in Boulder County \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

If No,  
Have you ever lived in Boulder County? Y / N  
# years you've lived in Boulder County \_\_\_\_\_  
# years you've lived in Colorado \_\_\_\_\_

Has applicant ever been in the foster care system? Y / N Applicant Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Has applicant ever resided in kinship care? Y / N Email: \_\_\_\_\_@\_\_\_\_\_

If yes, what county? \_\_\_\_\_

Educational status: Highest level attained (circle): Haven't finished GED High School Diploma

Last high school attended: \_\_\_\_\_

Attending college or vocational program? Y / N If yes, school name: \_\_\_\_\_

Are you currently employed? Y / N If yes, where? \_\_\_\_\_ Hrs per week: \_\_\_\_\_

Describe your goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Team: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Please Email Completed Form To:

polaris@rfcbcc.org

Questions: 720-420-9780