

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:

info@rfbcc.org

Questions: 720-420-9780