



Overnight Warming Locations (OWL) REFERRAL FORM

REFERRAL DATE: _____ CLIENT HMIS # _____

CLIENT NAME: _____ GENDER: _____ DOB _____

Client Phone: _____ Other contact: _____

Service Animal? Yes No (If "yes," attach vaccination records)

Special accommodations needed, if any: _____

REFERRING PARTY: _____ Phone: _____

Agency, if applicable: _____ Email: _____

Where did this client sleep last night (address or cross streets)? _____

Is client in HMIS?: Yes No (If "yes," the Client HMIS # is recorded above.)

OWL Site Preference: Roosevelt Bascom

Referral hours: M-F 8 a.m. – 3 p.m. for same day placement

Email Referrals for Bascom to: Owlbascomreferrals@homefirstscc.org

Email Referrals for Roosevelt to: Owlrooseveltreferrals@homefirstscc.org

Or Fax to: (408)288-5462

Contact:

Alecia Tomlinson

OWL Coordinator

(408) 209-2414

ATomlinson@homefirstscc.org