



Tennessee Department of Human Services
CREST/CREVAA/Specific Assistance Referral

Initial Referral	
Date of Referral	TNAPS Case ID #
Name of Referent/Investigative Specialist	
Referent's Address	
Referent's Phone	Referent's Email
Does the client know the referral is being made?	
(SSBG Only) Has citizenship documentation been obtained?	
(CREVAA Only) What crime(s) were perpetrated against the victim?	
Burglary DUI/DWI Incidents Elder Abuse or Neglect (include Financial Exploitation) Identity Theft/Fraud/Financial Crime Robbery Stalking/Harassment Other Vehicular Victimization (e.g. Hit and Run)	
Alleged Perpetrator Name:	
Allegations at Intake:	Abuse Neglect Exploitation
Brief description of alleged crime/alleged perpetrator:	
Date of alleged crime:	

Individual Identification					
Client's Name:					
Client's Date of Birth:	Client's Social Security Number:				
Client's Phone:	Client's Email:				
Client's Residential Address:					
Client's Residential County:					
Client's Mailing Address (if different than above):					
Select the client's current living arrangement.					
Is the client bedbound?	Is the client a veteran?				
Housing:	Cleanliness:	Overcrowded:			
If available, landlord name and phone:					
Unsafe Physical Environment:					
Pets:?	Type:	Number:	Inside	Outside	Aggressive?
Pests/Rodents:					
Are you aware of any weapons in the home?	Type:	Location:			

Other Support (i.e., family/friends in home, hospice, CHOICES, etc.): None	
Able to complete ADLs?	
Describe any limitations (physical, mental, cognitive, etc.):	
Client's Emergency/Collateral Contact	
Name:	Relationship to Client:
Phone Number:	Email:

Income	
Gross Income	Income Source(s)

Demographics	
Client's Race:	Client's Ethnicity:
Client's Gender:	Client's Marital Status:

What Other Referrals Have Been Made?		
Community Resource	Application Date	Outcome

Description of Other:

Social Screening
Is there a friend or relative that could take care of the client for a few days?
What services are recommended for the client?
If other, specify service needed:

Describe the client's specific service needs: i.e. quantity and sizes of clothing, type of bill, account numbers, name of landlord, dollar amount requested, etc.

Please give a detailed narrative for the referral and how it meets this grant's requirements.

Client's Plan to Meet the Need in the Future (Long-Term Plan or Safety Plan)

Services are being provided through the Tennessee Department of Human Services Adult Protective Services:

Name

Job Title

Digital signature

Phone Number