

WICHITA/SEDGWICK COUNTY HOARDING COALITION

REFERRAL FORM

Name: _____ Date _____

Address: _____ City/Zip: _____

Phone: _____ Cell Phone _____

STATUS: Married Single Divorced Widowed

AGE: 59 and Under 60 and Older

LIVING ARRANGEMENTS: Alone With Spouse/Partner With Children
 With Relatives With Unrelated Individuals

SUPPORT SYSTEMS (in area): Friends Neighbors Family/Relatives
 Church Other _____

Referring Person: _____ Agency/Department: _____

Phone: _____ Email: _____

Does this person want help? Yes No Maybe Does this person agree to referral? Yes No

Type of hoarding: Food Reading materials Trash Collectibles Clothes Animals
(check all that apply) Boxes Furniture/Appliances Other (specify) _____

Severity: Mild (i.e., all surfaces covered in one room) Moderate (i.e., floor to ceiling clutter)
 Severe (i.e., bathroom/kitchen unusable) Extreme (i.e., several safety hazards, rotting food, severe pest infestation)

Reason for initial contact: Emergency caused by hoarding (i.e., fall due to clutter) Complaints due to hoarding
 Other hoarding related issue Unrelated issue/emergency

Describe the physical environment:

If there is a dependent (child or adult) living in the home contact the Kansas Protection Report Center, 1-800-922-5330.

Was an Adult Protective Service report made? Yes No

If IMMEDIATE action needs to be taken, contact LAW ENFORCEMENT to take appropriate action.

SUBMIT

If you are having trouble submitting this form electronically, please save and send to hoardingcoalition@sedgwick.gov
Or print and send via fax to (316) 660 – 1935