# Wichita/Sedgwick County Hoarding Coalition

## Referral Card

Name:_____ Case #:_____

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

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.**

**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 either save and send to hoardingcoalition@sedgwick.gov
Or print and send either via fax to (316) 660 – 1936 or post to Krista Lovette, 2622 W Central Ave. Suite 500, Wichita, KS 67203