

Systems of Hope (SOH) Referral Process

- 1) Referrals can come from any resource, self-referrals included. *Active involvement by the referring agency and family is required.*
- 2) All referrals will require a completed SOH referral form.
- 3) Referrals made by staff of HCPS will require a completed SOH referral form and an internal referral in EVOLV to Harris County Alliance/CRCG.
- 4) To request a SOH referral form, call 713-795-HOPE (4673). Or, click here: CRCG.SOH@cps.hctx.net
- 5) Completed forms should be returned via fax to: 713-437-8635, emailed to: CRCG.SOH@cps.hctx.net, or mailed to: CRCG-SOH, 6300 Chimney Rock Rd, Houston, TX 77081, Attn: Referrals.