

HOUSING SUPPORTS AND SERVICES



Referral Form

Please download this form, fill and submit to housingsupport@choicesforyouth.ca or fax to 709.754.6102

REFERRAL SOURCE

Referrer Name:

Agency:

Contact Email:

Contact Phone:

Is the young person aware of and in agreement with the referral and the sharing of information with Housing Supports and Services team? Yes No

APPLICANT INFORMATION

First Name:

Initial(s):

Last Name:

Preferred Name or Alias:

Date of Birth:

Current Age:

Gender Identification:

Social Insurance Number:

Health Card/MCP:

Expiry Date:

Source of Income:

If Income support, Sherrri program

Does the individual have a Youth Services Agreement and is requesting intensive Case Management? Yes No

Is the individual currently involved in education/employment or receiving supports? Yes No

Has the individual moved to St.John's or immediate surrounding area in the past 3 months? Yes No

If yes, from what city/town did they move? _____

CONTACT INFORMATION

What is the best way to contact the individual? _____

May we leave a message/email? Yes No

Emergency contact/next of kin: _____

HOUSING INFORMATION

Is the individual currently homeless? Yes No

Is the individual at imminent risk of homelessness? Yes No

Is the individual open to meeting with our staff on a regular basis? Yes No

Does the individual have any risks associated with communal living? (Current addictions, mental health or history of arson) Yes No

Out of the last 365 days, how many days did the individual spend in the following:

Housing:

Shelter:

Institution (Health):

Institution (Jail):

Couch Surfing:

Rough Sleeping:

e.g., absolute homelessness, living on the street

Total (should equal 365): _____

Current Housing Situation:

Housing history (provide specific details of housing history over the past year):

FAMILY AND/OR NATURAL SUPPORTS

#1: Relationship to applicant _____

Contact _____

#2: Relationship to applicant _____

Contact _____

Additional Notes: