

# HOUSING SUPPORTS AND SERVICES

## Referral Form



Please download this form, fill and submit to [housingsupport@choicesforyouth.ca](mailto: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

Date of Referral:

### 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:

Income support, employment and amount if known

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

Does the individual have a Youth Services Agreement and is requesting Housing Support from the Soft Landing program?      Yes      No

Is the individual currently involved in education/employment program and requesting support from the Lilly Building Housing Program?      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?       Phone Number/Email Address

May we leave a message/email?      Yes      No

Emergency contact/next of kin:       Phone Number/Email Address

### 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 (issues leading to homelessness) :**

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

**Additional Notes (presenting issues requiring support, diagnosis, housing support requirements) :**