

HOUSING SUPPORTS AND SERVICES



Referral Form

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

Referrer Name: Agency:

Contact Email: Contact Phone:

Is the young person aware of and in agreement with the referral and sharing of information with Housing Support 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

Please indicate (if/any) youth identified preference for housing and supports, understanding that not all options might be available.

- Rally Forward
- Rally Forward - Have a Youth Services Agreement
- The Lilly Building
- Supporting Youth with Transitions - Have a Youth Services Agreement

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
If housed, is the individual at imminent risk of homelessness?	Yes	No
Does the individual have any risks associated with communal living? (Current addictions, mental health, or history of arson)	Yes	No
Is the individual open to meeting with our staff on a regular basis?	Yes	No

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

Housing:	<input type="text"/>	Shelter:	<input type="text"/>
Institution (Health):	<input type="text"/>	Institution (Jail):	<input type="text"/>
Couch Surfing:	<input type="text"/>	Rough Sleeping:	<input type="text"/>

e.g. absolute homelessness, living on the street

Total (should equal 365): _____

Current Housing Situation: (Type – couch surfing, own apartment, etc. Can you stay (for how long)? Is it safe? How much are you paying for rent? Why are you looking to move?)

Housing History: Provide specific details of housing history over the last 365 days. (Have you lived communally or alone? Have you been evicted, if so, why? Are there any safety concerns we need to be aware of (arson, theft, or violence towards roommates) Are there any legal conditions related to housing?):

Additional Notes (Presenting issues, diagnosis? Please identify housing support requirements.)

Date of Referral: _____

Signature of Referral Source: _____