

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

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 may be available.

- RallyForward
- Seeking RallyForward and have a Youth Services Agreement
- The Lilly Building
- Soft Landing and Rapid Rehousing
- Independent living in community (without support provided)

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? _____

Does the individual wish to return to their home community if moved in the last 3 months?

Yes No

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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is the individual at imminent risk of homelessness?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is the individual open to meeting with our staff on a regular basis?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Does the individual have any risks associated with communal living?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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(Current addictions, mental health, or history of arson)

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 (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?):

Please 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, such as arson, theft, or violence towards roommates, etc.?) 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: _____