## HOUSING SUPPORTS AND SERVICES

## **Referral Form**

REFERRAL SOURCE



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

Referrer Name:		Agency:					
Contact Email:		Contact Phone:					
	rson aware of and in agreement with the referral an rt Services team? Yes No	d sharing of inf	ormation with				
Date of Referra	l:						
APPLICANT IN	FORMATION						
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, unde	erstanding that not all	l options might	be available.		
Rally Forward Seeking Rally Forward 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 wha	at city/town did they move?						

CONTACT INFORMATION									
What is the best way to contact the individual?	er/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	Νο						
If housed, is the individual at imminent risk of homelessness?		Yes	Νο						
Does the individual have any risks associated with communal livir mental health, or history of arson)	ictions,	Yes	Νο						
Is the individual open to meeting with our staff on a regular basis?		Yes	Νο						
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 homelessne	ess, living on the s	treet					

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: \_\_\_\_\_