

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 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

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 what city/town did they 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: _____