



# Durham Community Health Centre's Indigenous Housing Support Client Referral Form

## Client Information

Referral Source: <input type="checkbox"/> Self-Referral <input type="checkbox"/> External Agency Referral <input type="checkbox"/> Internal Referral		
Form Completed By: Choose an item.		Today's Date (mm/dd/yyyy):
Name (First & Last):		DOB (mm/dd/yyyy):
Preferred Name:		Preferred Language:
Pronouns: Choose an item.	Gender: Choose an item.	Sexual Orientation: Choose an item.
Self Identity: <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____		
Do you currently have status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status # (if yes):
Which community, territory, or treaty do you associate with?:		

## Client Contact Information

Address:	
Town/City:	Postal Code:
Primary Phone #:	Alternate Phone #:
Email:	
Preferred Method of Communication: Choose an item.	

## Agency Information (if an internal or external referral)

Name of Agency:	
Name of Worker	Worker Phone or Email:
Referring Agency Consent to Disclose Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## Housing Background

Current Housing Situation: Choose an item.		Length of Situation: Choose an item.	
Relationship Status: Choose an item.	Children: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children:	
Current Household Composition: Choose an item.		Number of Children in the Home:	

## Areas of Needs

Check all areas you would like support in.

Housing Assistance	Identified Needs	
<input type="checkbox"/> Rental Arrears <input type="checkbox"/> Utility Arrears/Unpaid Bills <input type="checkbox"/> First/Last Month's Rent <input type="checkbox"/> Moving Costs <input type="checkbox"/> Retrofits and Repairs <input type="checkbox"/> Securing Housing <input type="checkbox"/> Eviction Support	<input type="checkbox"/> Community Integration <input type="checkbox"/> Cultural Supports <input type="checkbox"/> Education/Training/Tuition <input type="checkbox"/> Employment <input type="checkbox"/> Financial Assistance (Budgeting, Financial Literacy, Income Tax Support) <input type="checkbox"/> Food Security <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Justice System <input type="checkbox"/> Landlord Engagement/Mediation	<input type="checkbox"/> Life Skills <input type="checkbox"/> Medical Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Personal Identification <input type="checkbox"/> Substance Use <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Other (please specify):

## Current Supports

Please provide any current supports in the space below

Name	Organization	Type of Support	Contact Information
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	