



## Aboriginal Mother Centre Society Outreach Referral Form

Submit the Completed Form to Aboriginal Mother Centre Society Outreach:

**Email:** [outreach@aboriginalmothercentre.ca](mailto:outreach@aboriginalmothercentre.ca)

**Fax:** 604-558-2628 (Attn: Outreach)

***PLEASE NOTE: All sections of referral form must be completed and sent by referring agent/agency to above email/fax. Any missing information may deem form invalid and may result in form being denied.***

**Chronically Homeless** individuals, often with disabling conditions (e.g. A chronic physical or mental illness, substance abuse problems), are currently homeless for and have been homeless for six months or more in the past year. (i.e. Have spent more than 180 nights in a shelter or place not fit for human habitation). Please note, couch surfing is NOT deemed homeless.

**Episodically Homeless** individuals, often with disabling conditions, are currently homeless and have experienced three or more episodes of homelessness in the past year. Episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place. Please note, couch surfing is NOT deemed homeless.

### **Who do we help?**

As Aboriginal Housing First Outreach navigators, we assist the urban Aboriginal population living 'off reserve' that have a history of homelessness.

- Been homeless or living in a shelter for 180 days or 3 times out of a year
  - Been living in a place uninhabitable for human conditions and/or;
    - Shows a history of homelessness

## Referred Client Information:

Name: \_\_\_\_\_  
Last First Initial

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_  
Street Address City/Province Postal Code

## Referral Agency Information

Agency: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Situational Information

Are there others in need of Housing First supports along with applicant?

- Partner  Pets  
 Children  Other family members

Please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current sleeping situation:**

- |   |  |
|---|--|
| <input type="checkbox"/> Renting home/apartment | <input type="checkbox"/> Supportive Housing    |
| <input type="checkbox"/> Emergency Shelter      | <input type="checkbox"/> Couch surfing/friends |
| <input type="checkbox"/> Shared accommodations  | <input type="checkbox"/> Hospital              |
| <input type="checkbox"/> Staying with Family    | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Outside/streets        |  |

Please describe:

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**Describe the length of time your client has been homeless in the past year (if applicable)**

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**In the past year, has this applicant (you may check off as many as applicable):**

- Experienced Homelessness Chronically / Episodically
- Received a Mental Diagnosis
- Admitted substance abuse
- Been in prison
- Stayed in a homeless shelter more than once
- Accessed health care at an emergency room more than twice
- Accessed Psychiatric care in a hospital setting
- Been banned or evicted from any community services

**If you answered yes to any of the above, please answer the following:**

- 1. Describe your client's ability to obtain their basic needs (obtain/maintain food, clothing, hygiene, and income):**

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**2. Describe any medical conditions that may impact your client's ability to function, if any:**

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**What housing efforts have been made with your client so far?**

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**Have you completed any housing applications with your client?**

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**Are you in a position to continue to support this client when they are housed? If no, do you know of any service providers that will be willing to support this client?**

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**Is your client motivated to put in the work to look for and sustain housing as well as work with the Aboriginal Mother Centre Society Housing First team (a contract will be provided for your client to sign)?**

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**Applicants current income source and amount:**

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**Aboriginal Mother Centre Society Program Manager Use Only**

**Has an intake been scheduled for this applicant? \_\_\_Y \_\_\_N**

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**The applicant has been accepted to the program? \_\_\_Y \_\_\_N**

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**The applicant has been declined involvement with Aboriginal Mother Centre Society Outreach for the following reasons:**

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**Program Manager: Sarah Thomas**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_