

TRANSITIONAL HOUSING REFERRAL FORM

Applicant Information:

Name: _____ Date of Birth: _____

Preferred Name: _____

Referral Source

<input type="checkbox"/> Self	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Shelter	<input type="checkbox"/> Community Case Manager
<input type="checkbox"/> Education	<input type="checkbox"/> Crisis	<input type="checkbox"/> Health Care	<input type="checkbox"/> Other

Name: _____ Position: _____

Agency: _____ Phone Number: _____

Email: _____ How long have you known applicant? ____

Why are you referring this young person to this program?

<input type="checkbox"/> Homeless	<input type="checkbox"/> At Risk of Homelessness
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Please provide details:

How do you think the applicant will benefit from the program?

What qualities does the young person have that would allow them to benefit from this program and would help them to succeed? Please be specific and provide examples:

What does success look like for this applicant? Please be specific, and provide examples:

Why do you believe they would find success in this program?

What life skills has the applicant acquired, and what life skills would need to be developed throughout the program?

How would you describe this applicant's communication pattern?

What support within the program do you feel this applicant needs the most?

In what areas does the applicant require the most support when transitioning to independent housing?

Are you willing and able to continue supporting this applicant? How involved could you be, and for how long? Please be specific (e.g. Case notes, case conference, check ins, specific or general programming/counselling, etc.):

Please list other community supports that are currently working with this applicant. Are there other community supports you would recommend?

Has the young person experienced any of the following concerns which may require supports?

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Legal
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If a concern is marked above, please list any community supports they are working with or any additional supports that might be needed.

Is there any other information you would like to share about the applicant?

DECLARATION OF REFERRAL SOURCE:

I, _____ of _____
(Name of Referral Source) (Agency Name, if applicable)

hereby declare that, to the best of my knowledge and belief, the information provided above is true and complete in my referral for The District Municipality of Muskoka transitional housing program.

Signature of Referral Source: _____ Date: _____