



# THE HOUSING RESPONSE TEAM

Phone: 613-296-4666 | Fax Attn Street Outreach: 613-241-2818 | Scan and Email to: streetoutreach@saobc.org

## Client Referral Form

### Referral Guidelines

1. To refer a potential client please complete this form and return it to the Salvation Army Ottawa Booth Centre by fax or email.
2. Complete as much information as possible.
3. Ensure that the client fits our mandate, as follows:

- Currently living outdoors or in an environment inhabitable for humans (cars, tents, abandoned buildings)

- Living in the emergency shelter system, with frequent stays on the street due to behavioral issues and/or own choice.

- **Not currently paying rent.**

- Upon housing agree to have rent paid direct to the landlord.

- Must demonstrate need of and willing to: accept intensive in-home case management for one year after being housed.

4. Disclose to the client that street outreach may attempt to reach them by any contact information included in this form and that street outreach will be in contact with them to complete an assessment and work through preliminary barriers to housing.

### Referral Source Information

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

Name and title of worker: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Client Referral Information

Client name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Does the client self-identify as First nations, Inuit or Metis? No \_\_\_ Yes\_\_\_ Please Specify: \_\_\_\_\_

Served in Canadian Military? No \_\_\_ Yes \_\_\_ Service ID #: \_\_\_\_\_

Income Source? OW \_\_\_\_\_ ODSP \_\_\_\_\_ Other \_\_\_\_\_ Please specify: \_\_\_\_\_

Do they have proof of Canadian Citizenship? Yes \_\_\_ No \_\_\_ If no, place of birth: \_\_\_\_\_

Contact information (phone number, drop in email address, etc.): \_\_\_\_\_

Detailed Description of Current Housing Situation (sleep spot, etc) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Street Outreach will contact the referral source and inform them of status of referral **within 5 business days.**\*

### Internal Use Only

Date Received: \_\_\_\_\_

Team Assigned: \_\_\_\_\_

Intake Date: \_\_\_\_\_

Referral agency contact date: \_\_\_\_\_

CONFIDENTIAL