



Outreach Program
359 Queen Elizabeth Blvd E.
Box 368 Kamsack, SK S0A 1S0
Ph: 306-542-3311 Cell: 306-590-7994
Fax: 306-542-3130

Outreach Program Referral

The focus of the SIGN Outreach Program is to increase supportive environments for individuals infected with, or at risk of, STBBIs including HIV and Hepatitis

CLIENT INFORMATION

Client Name: _____ M or F DOB: _____

Telephone: _____ Text only **Y/N** Client's phone **Y/N** _____

Additional Contact (name & number): _____

Residential Address: _____

PO Box: _____ City: _____ Postal Code: _____

Self-Identified: Metis / Aboriginal - First Nations Band: _____

Additional information for Outreach Worker to be aware of: _____

REASON FOR REFERRAL

Please check all currently apply:

Housing/Dwelling concerns

Transportation

Food Security

Alcohol/ Drug Dependency

Income Assistance/Security

Family Support

HIV/Hep C support/Diagnosis

Identification Records (Heath Card, Birth Cert., etc.)

Other _____

REFERRAL SOURCE

Self referral: **Y/N**

Is the Individual aware of the referral **Y/N**

Referred by: _____ Date: _____

Agency: _____ Contact: _____