



Society for the Involvement of

Good Neighbours HOUSING SUPPORT Referral Form

345 Broadway St W Office 306-783-0006 Fax 306-783-9426 housingsupport@signyorkton.ca

| | | |
|---|--|---------------------------------------|
| Date completed: | Referral #: (Office Use Only) | Client #: (Office Use Only) |
| Referring agency/contact: _____ | Phone: _____ Email: _____ | |

Reason for referral:

Homeless (including hidden homelessness)

Hard to house

Please identify barriers:

Financial No references Rental/utility arrears

Poor rental history Pets Missing ID

Substance use Interpersonal violence Disability or health

New to Yorkton Incarceration

| | |
|--|-----------------------------|
| Client name: _____ | Date of birth: _____ |
| Preferred name: _____ | Age: _____ |
| <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Family: Adults ____ Children ____ <input type="checkbox"/> Single <input type="checkbox"/> Couple | |
| Phone: _____ <input type="checkbox"/> Text <input type="checkbox"/> Call | |
| Email address: _____ | |
| Currently housed: <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Address (must be in Yorkton): _____ | |

Date housing is required: _____

Pets: No Yes Identify: _____

Income: Part time employment Full time employment
 SIS SAID CTB (CCB) CPP
 Applied for Income Assistance Need to apply for Income Assistance
 Seeking employment Other _____

Total monthly income: \$ _____

What kind of supports is the client looking for? (help with applications, budgeting, learning rental basics, etc.)

Please note that Housing Support does not own any rental properties or offer income assistance.

Client is aware of referral

Client consents for Housing Support to follow up with the referent if needed and/or requested

Date of client consent: _____

Client signature: _____