



Positive Impact
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Positive Impact Referral

The focus of Positive Impact 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: _____