



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

<b>Date completed:</b>	<b>Referral #:</b> (Office use)	<b>Client #:</b> (Office use)
<b>Referring agency/contact:</b> _____	<b>Phone:</b> _____ <b>Email:</b> _____	

**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

<b>Client name:</b> _____	<b>Date of birth:</b> _____
<b>Preferred name:</b> _____	<b>Age:</b> _____
<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	
<b>Phone:</b> _____	<input type="checkbox"/> Text <input type="checkbox"/> Call
<b>Email address:</b> _____	
<b>Currently housed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Address (must be in Yorkton):</b> _____	

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: \_\_\_\_\_