



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

Referral Form

(For office use only)

Today's date:	Referral #:	Client #:
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Referring agency:	
Referent contact:	Phone #:

Reason for referral:
<p>Homeless Including the hidden homeless (i.e. couch surfing, living in a vehicle)</p> <p>Hard to house These individuals have multiple barriers to housing (i.e. low income, multiple evictions, and housing related debts)</p> <p>Other, explain:</p>

1. Client name:	Date of birth:	Age:
2. Client name:	Date of birth:	Age:
Address:		
Phone:	Email address:	
1. Female Male Gender diverse Prefer not to say		
2. Female Male Gender diverse Prefer not to say		

Date housing is required:			
Currently housed:	No	Yes	Identify:
Housing required for:	Individual	Senior	Family
	How many people:		Adult:
			Children:
Housing preference:	Apartment	House	Senior housing Other
Pets:	No	Yes	Identify:

Main source of income:	Employed:	Part Time	Full Time	Where:
	Income assistance:	SIS	SAID	Other:
	Other financial aid:	CTB	Rental supplement	Other:
	Monthly income:			

Client is aware of the referral:	Yes	No	Date of client consent:
Best time to meet:			

Please email, mail or fax form to Housing Support