



CONNECTIVE

Bridge Street Pathways Transitional Shelter Program – Referral Form

**Before completing and submitting this Referral Form and supporting documentation please contact Connective Outreach at (778) 405-4823 to determine if the individual being referred meets basic eligibility criteria. An up-to-date Supportive Housing Recommendation – Supplemental Information Form is required as part of the referral package.

Date: _____

Referring Organization

Agency Name: _____

Contact Number: _____

Email: _____

Staff completing the referral: _____

Does the client consent to the referral?

Yes

No

Does the client consent to complete a HIFIS Consent?

Yes

No

Does the client consent to complete a Supportive Housing Registry (SHR) Application?

Yes

No

Does the client agree to actively engage in case management and participate in programming?

Yes

No

Is the client actively seeking to transition into long term, stable housing?

Yes

No

Client Information

Name: _____

DOB: _____

Contact Information:

Phone Number: _____

Email: _____

Messages: _____

Gender Identity/Pronouns: _____

Indigenous Identity: _____

Income Source(s): _____

Current Living Situation:

Unsheltered (street, encampment)

Temporarily with others

Recent eviction

Shelter: _____

Hospital: _____

Corrections: _____

Detox/Treatment Centre: _____

Other: _____

Length of Homelessness (this episode): _____

Does the individual have a spouse or partner?

Yes

No

Does the individual currently have pets? (Pets are not permitted on site)

Yes

No

If the individual has a pet(s) does the individual understand and agree to uphold the expectation that pets are not permitted on site?

Yes

No

Medical & Mental Health

Is the client medically stable and able to care for their own self-care needs (ADLs)?

- Yes
- No

Can the client navigate stairs independently (3-5 steps in main floor areas and 20+ to access program spaces)?

- Yes
- No

Can the client independently navigate bunk beds (up and down)?

- Yes
- No

Does the client require the following mobility aids? (site is not scooter/wheelchair accessible)

- Wheelchair
- Electric scooter

Please describe any current mental health concerns: _____

Please describe any current physical health concerns: _____

Substance Use

Does the client currently use any substances?

- Yes
- No

If yes, please identify substance(s) of choice: _____

How does the client's current use of substance(s) impact their life? _____

Is the client connected to supports related to their substance use?

- Yes

No

If yes, please provide details: _____

Community Supports & Circle of Care

Please list any organizations and/or individuals who are currently supporting the client.

Agency/Program & Contact Person

1. _____
2. _____
3. _____
4. _____
5. _____

Additional comments

Name of Referring Agent

Name of Client

Signature of Referring Agent

Signature of Client

Please submit this Referral Form and supporting documentation to:

BSPS@connective.ca

Supportive Housing Recommendation Supplemental Information **Date:**

Name of Assessor/Organization:

Applicant Name:	Indigenous (and community or territory, if applicable):	Racial Identity:
DOB:	Current Location: (Shelter or encampment name)	Location in Encampment:
Cohort or Family Group (if applicable)		Length of Time Street or Shelter Homeless:

Do you currently have a support worker? Details and frequency of support?

- ACT/ICMT/PEER SUPPORT/ACEH/ PEER/ CLBC/ETC:

- Contact information for supports. How do we contact you? Where do you usually access services?

Additional information: (ie. Social behaviours/Substance Use/Mental Health/Medical Needs, income)

Please describe your last 3 years of housing history. (previous housing, sleeping outside, shelter, couch surfing, subsidized housing, evictions, reasons for leaving housing, corrections, hospital)

What is the barrier to market housing for you? (financial, substance use, mental health, etc?)

What are your housing preferences? (Secure entry, location, cultural support, meals, harm reduction, needs elevator, overdose prevention etc)