



CMHA Office Use Only:

Received on _____

REFERRING AGENT INFORMATION

NAME		DATE	
ORGANIZATION / TITLE			
PHONE NUMBER(S)			
EMAIL			
REASON FOR REFERRAL	<input type="checkbox"/> HOUSING APPLICATIONS <input type="checkbox"/> ONE-TO-ONE HOUSING SEARCH SUPPORT (TRIAGED WAITLIST) <input type="checkbox"/> RENT SUPPLEMENT (SUBMIT APPLICATION)		

CLIENT INFORMATION

NAME		DATE OF BIRTH	
PHONE NUMBER(S)			
EMAIL			
IS CLIENT WORKING WITH ANYONE ELSE IN THE COMMUNITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHO?	
HAS CLIENT BEEN TO CMHA BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHO WAS THEIR WORKER?	

CLIENT CURRENT HOUSING SITUATION / NEEDS SNAPSHOT



CONSENT

I, (CLIENT NAME, PLEASE PRINT) _____ HEREBY AUTHORIZE CANADIAN MENTAL HEALTH ASSOCIATION TO OBTAIN AND/OR RELEASE INFORMATION THEY DEEM NECESSARY REGARDING MYSELF FROM OR TO ANY PERSON, FIRM, CORPORATION OR SOCIETY REQUIRED IN ORDER TO ASSIST AND SUPPORT ME WHILE I AM RECEIVING SERVICES FROM THE ORGANIZATION. THIS INCLUDES MSD, FORTIS BC AND INTERIOR HEALTH.

CMHA, NOW CANADA AND KI-LOW-NA FRIENDSHIP SOCIETY WORK IN COLLABORATION TO RESPONSIBLY ADMINISTER FUNDS AND ENSURE APPROPRIATE CLIENT SERVICE IN A COMMUNITY CONTEXT.

I HEREBY RELEASE THE ISSUING ORGANIZATION AND ITS STAFF FROM ALL MANNER OF LIABILITY, CLAIM OR DEMAND THAT I MAY OR WILL HAVE AS A RESULT OF THEIR OBTAINING AND/OR RELEASING INFORMATION.

AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE YEAR.

CLIENT SIGNATURE

DATE

FOR CMHA NAVIGATION DEPARTMENT ONLY

REVIEW OF PERSON'S ELIGIBILITY FOR ENTRANCE

- INDIVIDUAL/FAMILY IS ABSOLUTELY HOMELESS
- INDIVIDUAL/FAMILY IS RELATIVELY HOMELESS
- INDIVIDUAL/FAMILY IS AT RISK OF HOMELESSNESS
- INDIVIDUAL/FAMILY IS BEING SERVED BY OTHER HOMELESS OUTREACH PROVIDER

OUTCOME

- ELIGIBLE INELIGIBLE WAIT LIST

REASONS & RECOMMENDATIONS FOR SERVICES

STAFF'S NAME

NAVIGATION/OUTREACH STAFF PERSON ASSIGNED:

POSTED ON:

OUTREACH STAT SHEET/WAIT LIST

Revised: October 21, 2015