



BYRC Supported Housing Referral Form

691 East Broadway, Vancouver, BC V5T 1X7

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Email: byrc@pcrs.ca Website: www.pcrs.ca



Date of Referral:	Referring Worker:	Office/Hub name and phone number:

Scattered Sites The Annex Franklin Bantleman Other: _____

Name: _____ D.O.B: _____

Age: _____ Gender: _____ Pets: Yes No what kind? _____

Current Address: _____ Contact number: _____

Income: EA___ YAG___ IL___ EMP___ DIS___ EI___ Other: _____

Disability Eligibility: _____

SW/EAW Name: _____ Office: _____ Phone#: _____

Transition Worker (if applicable): _____ Phone#: _____

Other Worker (i.e. P.O): _____ Phone #: _____

Emergency Contact:

Name: _____ Contact Number: _____

Relationship to Client: _____

Preferred Housing: SRO Shared 1BR 2BR 3BR+

Housing needed by: _____

Does client have potential roommate(s): Y/N, if yes how many _____

Referral Information:

	Yes	No	N/A	Comments
Is the client aware of the referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the parent/guardian aware of the referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does client require a service provider of a specific gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is client expecting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is client parenting a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Reason for referral:

2. Current Situation:

3. Current Program(s) enrolled in or planning to enroll in:

4. Short term goals: If you are accepted into the program what are you planning to work on during your stay?

5. Longer term goals: (Beyond 1 year)

6. Mental Health: Are there any mental health issues we need to be aware of? (i.e. Depression, anxiety, etc.)

7. Alcohol and drug use: What and how often? Any involvement with drug/alcohol recovery programs?

8. Coping strategies: What helps you when you are upset or stressed? (Anger, stress, sadness) Who would you consider to be your current supports?

9. Do you have any conditions (ie. probation) that would prohibit you from being in this program or living in this community?

10. Any additional Information: anything else you would like us to know?

Referral Worker Signature: _____ Date: _____

Client Signature (if available): _____ Date: _____

BYRC SHP Worker Signature: _____ Date: _____

Updated: June 2009