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High Sensitivity
when completed

# Tenant Support Program
# Tenant Self-Referral Form

Referral Date ____________________

## Tenant(s) Requesting Service

| Name(s) | Date of Birth DD/MM/YYYY | Gender M/F/Other |
|---|---|---|
| ____________ | ____________ | ____________ |
| ____________ | ____________ | ____________ |
| ____________ | ____________ | ____________ |

Address ____________________

Phone ____________________

Email ____________________

Primary language used at home ____________________

Preferred language for services ____________________

Name of my/our Social Housing Provider/Landlord ____________________

## Reason for Referral

(check all that apply)

- ☐ Advocacy
- ☐ Assessment for Supports
- ☐ Assistance with Forms
- ☐ Drug or Alcohol Concerns
- ☐ Health Care Support
- ☐ Hoarding
- ☐ Literacy/Translation
- ☐ Other (describe) ____________________
- ☐ Mental Health Concerns
- ☐ Personal Hygiene
- ☐ Pest Issues
- ☐ Safety/Abuse Concerns
- ☐ Social Involvement
- ☐ Support with Activities of Daily Living
- ☐ Tenant Complaints

## Other Agencies Involved:

____________________

____________________

____________________

## Other Important Information

| | Explain |
|---|---|
| Accessibility issues | ____________________ |
| Safety concerns for worker or tenant | ____________________ |

## Consent

I/We ____________________

(print full name of person(s) or authorized representative/substitute decision-maker)

consent to the Lutheran Community Care Centre of Thunder Bay collecting and using the information contained in this form to contact me and engage in a support relationship that we mutually agree upon.

**I understand the purpose for collecting and using my personal information.**
**I understand that I can refuse to sign this consent and that not signing stops the referral from going forward.**

| Date | Signature | Witness Name | Witness Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |