

**REFERRAL FORM**  
**SOCIAL SERVICE and TENANT SUPPORT PROGRAMS**



REFERRAL DATE \_\_\_\_\_

LCC PROGRAM     Social Services  
                       Tenant Support (client is resident of non-profit social housing in Thunder Bay)  
                       Unsure

REFERRED BY     Self  
                       Agency / Other

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

CLIENT INFORMATION

Name \_\_\_\_\_  
Household     Single (Adult)  
                       Single (Senior)  
                       Family

Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
DOB \_\_\_\_\_  
Gender M/F/Other \_\_\_\_\_

Translator Needed? \_\_\_\_\_  
Physical Disability / Assistive  
                                  Devices? \_\_\_\_\_  
Indigenous? Y/N \_\_\_\_\_  
First Nations Community \_\_\_\_\_

REASON FOR REFERRAL

|   |   |
|---|---|
| <input type="checkbox"/> Abuse/Safety/Dealing with Violence                         | <input type="checkbox"/> Income Support (annual verification, budgeting, banking, etc.) |
| <input type="checkbox"/> Accessibility Issues                                       | <input type="checkbox"/> Increase Social Connections                                    |
| <input type="checkbox"/> Addictions/Alcohol or Drug Concerns                        | <input type="checkbox"/> Literacy/Translation Support                                   |
| <input type="checkbox"/> Advocacy (medical, legal, etc.)                            | <input type="checkbox"/> Pest Issues  |
| <input type="checkbox"/> Assistance with Forms & Referrals                          | <input type="checkbox"/> Tenancy Mediation  |
| <input type="checkbox"/> Daily Living Assistance (cooking, cleaning, grocery, etc.) |   |
| <input type="checkbox"/> Food Security  | <input type="checkbox"/> Homeless   |
| <input type="checkbox"/> Health Concerns  | <input type="checkbox"/> Risk of Homelessness   |

COMMENTS

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