



De dwa da dehs nye>s Aboriginal Health Centre

We're Taking Care of Each Other Amongst Ourselves.



Indigenous Housing Services-Initial Contact/Referral Form

Date of Referral: _____ VI-SPDAT Score _____
 Name: _____ Nickname(s): _____
 D.O.B: _____ Age: _____ Gender: _____
 Dependant(s): Age: ___ M/F: ___ Age: ___ M/F: ___ Age: ___ M/F: ___
 Contact Information: _____ Safe to Leave a Message: Yes No

Are you a previous client of IHS (formerly Homeward Bound) in the past: [] Yes [] No

Individual self-identifies as Indigenous: [] Yes [] No

Individual is experiencing homelessness **Individual is at imminent risk of homelessness**

Has the Individual been homeless:

- Six months or more in the past year
- Three times or more in the past year

Individual's current housing situation:

- Staying in Shelter (Name of Shelter: _____)
- Sleeping on the Streets
- Couch Surfing, If yes, are you paying rent?: [] Yes [] No
- Other: _____

Individual's current source of income: _____

Are there any current substance use concerns: [] Yes [] No [] Unsure

If yes, please explain: _____

Are there any current mental health concerns: [] Yes [] No [] Unsure

If yes, please explain: _____

History of police involvement: [] Yes [] No [] Unsure

If yes, please explain: _____

Are there any current safety concerns? [] Yes [] No

If yes, please explain: _____

Are there any health or wellness concerns that you would like to address? (i.e. No family doctor, chronic or acute health issues untreated) [] Yes [] No *If yes, please explain:* _____

Referral Source: _____

Name: _____ **Contact #:** _____

Please note. If the referral source would like to receive an update as to the status of the referral please attached signed client consent for release of information.

**Please Fax To: Indigenous Housing Services
De dwa da dehs nye>s Aboriginal Health Centre
Fax #: (905) 544-4247**



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Office Use Only
To be completed by the Intake Coordinator

Attempts to follow up with individual:

- Client successfully contacted on _____ by _____
(Date) (HS Employee)
- First unsuccessful attempt to contact on _____ by _____
(Date) (HS Employee)
- Second unsuccessful attempt to contact on _____ by _____
(Date) (HS Employee)
- Third unsuccessful attempt to contact on _____ by _____
(Date) (HS Employee)

Is the client eligible for the Housing First Program? Yes [] No [] Unsure []

Notes: _____

Individual has:

- Scheduled orientation on _____ at _____
(Date) (Location)

Individual was:

- Assigned to a Housing First Case Manager
- Referred to a different program/agency for support
Name of program/agency _____

NOTES: _____

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