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3. Referral Source Information

Name:	Title:	Organization:
Phone:	Fax:	Email:
Relationship to Client:		
Reason for Referral: <input type="checkbox"/> Experiencing Homelessness <input type="checkbox"/> Shelter/Motel : [Location] <input type="checkbox"/> Street <input type="checkbox"/> Couch Surfing (not paying rent) <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Housekeeping / Clutter <input type="checkbox"/> Rental Arrears <input type="checkbox"/> Damages <input type="checkbox"/> Requires Referral/ Community Supports <input type="checkbox"/> Behaviour Has an Eviction Notice been issued? Y / N	Requires assistance with: <input type="checkbox"/> Housing Search <input type="checkbox"/> Completing Paperwork/Forms <input type="checkbox"/> Landlord Tenant Board <input type="checkbox"/> Budgeting / Budget Management <input type="checkbox"/> Landlord Engagement / Tenant Relations <input type="checkbox"/> Advocacy <u>Are you interested in more information regarding the formal Voluntary Trusteeship Program? Y / N</u>	

I understand the purpose for disclosing this personal information to **The Salvation Army Housing Help Centre and Voluntary Trusteeship Program**. I understand that I can withdraw this consent at any time by providing written notice.

My Name:	Address:
Signature:	Today's Date:

Witness Name:	Witness Signature:
Relationship/Organization:	Contact Address:
Contact Phone:	Today's Date:

~~~~~For Office Use Only~~~~~

**Receipt of Referral**

|               |            |
|---------------|------------|
| Receipt Date: | Signature: |
|---------------|------------|

Reply Date:

Method of Reply:  Email  Phone  Fax  Person to Person