

PLEASE READ BEFORE COMPLETING FORM

This form is to refer a senior (55+) who is *homeless* or *at risk* of homelessness for **Outreach Services** or for consideration for our **Temporary Housing Program (THP)**. **This is not an application for housing.** Seniors Services Society is not a housing provider or housing placement service. For non-emergency referrals and general housing information for seniors call 604-520-6621.

OUTREACH SERVICES	TEMPORARY HOUSING PROGRAM (THP)
<ul style="list-style-type: none"> • For seniors 55+ who are homeless or at risk of homelessness • Outreach services are provided to client out in the community • Worker assists client in stabilizing health and finances and finding permanent, appropriate housing • Most homeless/at-risk seniors who require personal one-on-one assistance finding housing are eligible, regardless of housing history or current barriers • Outreach provided to clients within Metro Vancouver excluding the Downtown Eastside 	<ul style="list-style-type: none"> • For seniors 55+ who are homeless or at risk of homelessness • Client provided with a furnished, equipped private apartment for up to 3 months at rent geared to income • Outreach services provided to client from THP unit • Entrance based on comprehensive interview and reference check • Units are unstaffed and within regular apartment buildings; therefore clients who have active addictions, untreated mental illness, or a history of behavioural issues are not eligible • Available to seniors in Metro Vancouver including the Downtown Eastside

DOWNTOWN EASTSIDE

Our HPS funding dictates that we cannot provide *outreach services* to seniors **currently located** in the DTES, regardless of where they're from or where they would like to move.

IMPORTANT POINTS

****PLEASE NOTE THIS IMPORTANT CHANGE****

This box MUST be checked AND the worker must initial the added clause in the medical section to consider this form completed.

- Please note that we require both **signed client consent** (see attached Release of Information Form) as well as **verbal contact** with the client. We can begin preliminary assessment of the client with written client consent only; however we will need to speak to the client directly before delivering service. Please ensure there is accurate contact information for the client.
- Please double check that all sections of this form are completed before sending. If you are not able to obtain the information yourself please have the client call us directly.
- Be sure to include a number where you (the referrer) can be reached, as we will need to verify information with you. If you are a social worker at a hospital, please include your specific location and pager number.
- Please avoid medical acronyms.
- Note that Seniors Services Society reserves the right to refuse services for a variety of reasons such as
 - Caseloads may be at maximum capacity
 - Client may be located out of our service area
 - Our services may not meet the needs or be appropriate for this particular client
 - Our services may not meet client expectations

In the case of any of the above we will make every effort to refer the client to other agencies serving homeless and at risk individuals.

Seniors Services Society Client Referral Form



Client's Name: _____ Age: _____ Homeless
 At Risk

Referrer Information

Today's Date _____
 Your Name _____
 Your Agency _____
 Your Contact _____
 Relationship to Client _____

Client Information

Basic Info
 Client's Full Name _____
 DOB (dd/mm/yyyy) _____
 Client Contact Number(s) _____
 Residency in BC 1+ yrs Less than 1 yr Unknown Not a resident
 Preferred Language _____ Translator needed? _____
 Veteran

Income
 Monthly Gross Income (Before Deductions) \$ _____

Is the Client on Income Assistance	<input type="checkbox"/> No	Income Source(s) <i>i.e.</i> CPP, OAS:
	<input type="checkbox"/> Y	<input type="checkbox"/> Employable <input type="checkbox"/> PPMB <input type="checkbox"/> PWD

Only complete ONE of the following two sections (Homeless or At Risk).

Homeless

Homeless Since _____

History of Homelessness? Yes No

Where is the client sleeping? _____

Reason for Homelessness _____

At Risk

Current Type of Housing
(1bed, bachelor, shared, etc.) _____

Address _____ Phone _____

Monthly Rent: \$ _____ Date housing will end: _____

Landlord/
Building Manager _____ Phone _____

Why does the client have to leave current housing? _____

Describe where the client would like to live permanently.

Desired Permanent Housing

Preferred Areas
(List cities/areas) _____

Does the client need any assistance to live independently (help with meals, homecare etc.)? _____

Any special considerations (pets, smc wheelchair access, etc.)? _____

Other relevant info: _____

Medical

Medical Contacts (Family doctor, Mental Health worker etc.)

Name _____ Phone _____

Name _____ Phone _____

Physical Health Issues _____

Mental Health Issues _____

History of Substance Abuse: No Yes

Describe _____

In order to provide appropriate and stable housing assistance to seniors, SSS reserves the right to deny housing assistance to a client referred by any health authority that does not provide follow up services to clients. _____ Please initial.

Complete the following ONLY if the client is currently in hospital.

Hospital

Hospital Name _____

Date of Admission (dd/mm/yyyy) _____

Discharge Date (dd/mm/yyyy) _____

Admitted For _____

Social Worker _____ Phone _____

Additional Info

What would be helpful to know to best support this client - family/friends, hobbies/interests, suspected issue (e.g. gambling), recommended social supports...?

Send **completed** forms with signed *Release of Information Form* (below) to

Seniors Services Society **FAX:** 604-520-1798

MAIL: 209 – 800 McBride Blvd., New Westminster, BC V3L 2B8

NO SERVICES WILL BE DELIVERED WITHOUT CLIENT CONSENT

Please call 604-520-6621 if you have not received confirmation of receipt within 2 business days.



209-800 McBride Blvd. New Westminster BC V3L 2B8. Phone: 604-520-6621. Fax: 604-520-1798

Release of Information Form

*This form has been designed to comply with the **Personal Information Protection Act, S.B.C. 2003, c. 63** to ensure confidentiality and to make provisions for the exchange of relevant personal and service-related information between service providers.*

As part of the process of assisting you, we will collect some information about you and your situation. We use this information to understand your needs. In some cases, we might need to confer with referring agencies or other service providers while we are trying to help you find housing and/or support services.

As well, we also collect general statistical data about our clients for funding reports, social service research, and for public relations purposes. These statistics never contain identifying information.

If you agree to allow the Seniors Services Society to use your information in this way, please complete the following:

I, _____ DOB: _____

hereby authorize the release of information to the staff of *Seniors Services Society*, and further, authorize them to release information from my file as necessary, while assisting my search for housing and/or support services.

I understand that information will only be shared as necessary for the provision of services, and that I may revoke this consent at any time, either verbally or in writing.

Signature

Date

Witness

Date