



# THE HOUSING RESPONSE TEAM

Phone: 613-296 8355 | Fax Attn "STREET OUTREACH"

Scan and Email to: [streetoutreach@saobc.org](mailto:streetoutreach@saobc.org)

## Client Referral Form

### Referral Guidelines

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1. To refer a potential client please complete this form and return it to the Salvation Army Ottawa Booth Centre by fax or email with attention to "STREET OUTREACH."
2. Complete as much information as possible. Incomplete referrals may be refused.
3. Ensure that the client fits our mandate, as follows:
  - Currently living outdoors, or in an environment inhabitable for humans.
  - Living in the emergency shelter system, with frequent stays on the street due to behavioral issues and/or own choice.
  - **Not currently paying rent.**
  - Upon housing agree to have rent paid direct to the landlord.
  - Must demonstrate need of and willing to: accept intense case management for one year after being housed.
4. Disclose to the client that Street Outreach may attempt to reach them by any contact information included in this form. Also note client will not be matched to a worker until our staff have been able to confirm they meet our street sleeping mandate & we have copies of valid ID & POI.

### Referral Source Information

Self:  (SOS use only)

Date: \_\_\_\_\_

Name and Title of worker: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Client Referral Information

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Nicknames: \_\_\_\_\_

Does the client self-identify as First Nation, Inuit or Métis?:  Yes  No Please specify: \_\_\_\_\_

Served in Canadian Military?  Yes  No Service ID #: \_\_\_\_\_

Income Source:  OW  ODSP  Other: \_\_\_\_\_

Do they have Proof of Citizenship (BC, SIN, Passport)?:  Yes  No Place of birth if no: \_\_\_\_\_

Contact information (phone, email, drop-in's, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed description of current housing situation (sleep spot, etc): \_\_\_\_\_  
\_\_\_\_\_

\*The Street Outreach Team will contact the referral source and inform them of status of referral **within 5 business days.**\*

Emergency contact/ Next of kin: \_\_\_\_\_

### Internal Use Only

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Date Received: \_\_\_\_\_

Team Assigned: \_\_\_\_\_