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High Sensitivity
when completed

# Tenant Support Program
# Referral Form

## Referred by:

Referral Date _____

Name of Social Housing Provider _____

Name of Staff Person _____

Position _____

Contact Information Email _____

Phone _____

Address of Social Housing Provider

## Tenant(s) Being referred

| | | Date of Birth DD/MM/YYYY | Gender M/F/Other |
|---|---|---|---|
| Name(s) | | | |
| | | | |
| | | | |

Address _____

Phone _____

Email _____

Primary language used at home _____

Preferred language for services _____

## Reason for Referral

(check all that apply)

- ☐ Advocacy
- ☐ Assessment for Supports
- ☐ Assistance with Forms
- ☐ Drug or Alcohol Concerns
- ☐ Health Care Support
- ☐ Hoarding
- ☐ Literacy/Translation
- ☐ Other (describe)
- ☐ Mental Health Concerns
- ☐ Personal Hygiene
- ☐ Pest Issues
- ☐ Safety/Abuse Concerns
- ☐ Social Involvement
- ☐ Support with Activities of Daily Living
- ☐ Tenant Complaints

## Other Agencies Involved:

## Other Important Information

Explain

Accessibility issues _____

Safety concerns for worker or tenant _____

## Consent

I/We _____

(print full name of person(s) or authorized representative/substitute decision-maker)

consent to the Social Housing Provider named above disclosing the personal information contained in this form to the Lutheran Community Care Centre of Thunder Bay, for the purposes of a referral to the Social Housing Tenant Support Program.

I/We _____

(print full name of person(s) or authorized representative/substitute decision-maker)

consent to the Lutheran Community Care Centre of Thunder Bay collecting and using the information contained in this form to contact me and engage in a support relationship that we mutually agree upon.

**I understand the purpose for the Social Housing Provider disclosing my personal information to Lutheran Community Care.**
**I understand the purpose for Lutheran Community Care collecting and using my personal information.**
**I understand that I can refuse to sign this consent and that not signing stops the referral from going forward.**

| Date | Signature | Witness Name | Witness Signature |
|---|---|---|---|
| Date | Signature | Witness Name | Witness Signature |
| Date | Signature | Witness Name | Witness Signature |