

SENIORS SERVICES SOCIETY

750 Carnarvon Street, New Westminster, BC, V3M 1E7 Ph: 604-520-6621 Fax: 604-520-1798

**PLEASE FILL OUT ONLY IF THE CLIENT IS HOMELESS or
FACING AN IMMEDIATE RISK OF EVICTION**

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED

HOUSING SERVICES CLIENT REFERRAL FORM

COVID-19 Pandemic Service Protocol

In order to help your client, please assist in facilitating a virtual meeting between your client and our outreach worker. Methods can include Zoom meetings, WhatsApp, Skype, Facetime, or other applications to conduct an Intake. Thank you.

PLEASE NOTE: *Due to limited staffing and resources available, there is a waitlist for every program with no timeline. We may not be able to assist with all referrals.*

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HOUSING SERVICES

Seniors Services Society provides housing navigation services to seniors 60+ who are homeless or facing an imminent risk of evictions. Please note we are not a housing provider.

Temporary Housing Program (THP)

- Temporary housing stay for up to 3-6 months with a program fee. Limited units located in New Westminster and Burnaby. Placement in the program is not immediate due to the screening process upon the intake and an interview by the program coordinator.

Outreach Program

- An outreach program for seniors (60+) who are homeless or facing an imminent risk of evictions. The role of the outreach worker is to provide one on one services to seniors in assisting them finding stable housing and connecting them with other services required by the senior.

Homeless Prevention Program (HPP)

- An outreach program for seniors (60+) who are in need of assistance with housing in non-subsidized housing (market rentals), have limited income and being discharged from the hospital to homelessness. There are other criteria which can be explained at the required interview with the program coordinator.

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<p>Complete if homeless</p> <p>Where is the client currently sleeping?</p> <p>When did the client last have stable housing? Reason for loss of housing</p>	<p>Complete if at risk</p> <p>Current type of housing:</p> <p><i>basement suite, apartment, rooming house, etc</i></p> <p>Landlord name:</p> <p>Phone number:</p> <p>Served with eviction notice? Y N</p> <p>Explanation for leaving:</p> <p>Vacate date: / / Rent: \$</p> <p style="text-align: center;">YY MM DD</p>
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What cities and/or neighborhoods would your client be willing to live in?

Does the client smoke?	Yes	No
Does the client have any pets?	Yes	No

MEDICAL INFORMATION

Is the client currently receiving home support?	Yes	No
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If yes, please list supports:

Does the client use a scooter/wheelchair/walker/cane?	Yes	No
Is the client currently enrolled in a meal program? (<i>Meals on Wheels, etc.</i>)	Yes	No

***** If the client has been assessed by the Health Authority, please attach the assessment report with this referral form**

Please list any:

- *Physical health issues:
- * Mental health issues:
- * Addiction history:
- *Date of last admission to hospital and length of stay:
- * Reason for hospital admission:

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REFERRAL AGENCY

Worker name:

Position:

Agency name:

Phone Number:

Email Address:

Please check which service(s) you are referring your client for:

Outreach services

Temporary Housing Program

HPP Program

Any other relevant information that would help us in assisting your client:

RELEASE OF INFORMATION

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, _____ D.O.B _____ / _____ / _____
(type/print your name) YY MM DD

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 this 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.

Client signature:

Date: _____ / _____ / _____
YY MM DD

Witness signature:

Date: _____ / _____ / _____
YY MM DD

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Send completed form to:

Fax: 604-520-1798

E-mail:

housing@seniorsservicesociety.ca

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

Please note that priority will be given on a case by case basis and submission of referral form is not a guarantee for service.

For further information please go to our website at

<http://www.seniorsservicesociety.ca/hhome.htm>

SUPPORTING DOCUMENTATION

Before submitting the referral form, please ensure that all required documents listed below are included with the referral form. Without the documents, we will be unable to proceed.

- Income tax notice of assessment (most current year filed)
- 3 months bank statement (full 90days transaction)
- Government Issued Photo Identification
- Copy of eviction notice (if applicable)
- BC Housing File Number (if applicable)
- Proof of Canadian status
- If the client has been assessed by the health authority, please attach the assessment report (if applicable)

ADDITIONAL COMMENTS: *(Please write legibly)*