



Surrey Youth Housing and Homelessness Prevention Program

www.pcrs.ca

<p style="text-align: center;">Guildford Youth Resource Centre Tel: (604) 587-8100 Fax: (604)951-4882</p>	<p style="text-align: center;">Newton Youth Resource Centre Tel: (604) 592-6200 Fax: (604) 598-8443</p>
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For **PCRS** referrals please email: referral@pcrs.ca

Referral for **SECTION 1: Participant Information**

Name			
Birth Date		Gender	
Address		Postal Code	
Ethnicity		Preferred Language	
Home		Cell	

SECTION 2: Referral Information

Referral Date			
Referred By			
<input type="checkbox"/> S.W.	<input type="checkbox"/> School	<input type="checkbox"/> Other:	
Email Address			
Phone		Fax	
HAS THIS REFERRAL BEEN DISCUSSED WITH THE CLIENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 3: Funding

Employment	Full – time <input type="checkbox"/>	Part – time <input type="checkbox"/>
<input type="checkbox"/> Income Assistance		
<input type="checkbox"/> General	<input type="checkbox"/> PWD	<input type="checkbox"/> Application Pending
<input type="checkbox"/> No application done	<input type="checkbox"/> Denied Assistance	

SECTION 3: Service and Goal Request

<input type="checkbox"/> Life Skills	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Drug and Alcohol Concerns
<input type="checkbox"/> Employment / Training / School	<input type="checkbox"/> Safety Concerns	<input type="checkbox"/> Re-Referral
<input type="checkbox"/> Connect with Community Support	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Connecting with supportive family
<input type="checkbox"/> Connect with Income Assistance	<input type="checkbox"/> Cultural Community	<input type="checkbox"/> Landlord mediation



<input type="checkbox"/>	Other:
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Goals Requested (please state clearly the desired outcomes for this referral)

1)
2)
3)
4)

SECTION 4: Important Medical History – Any Medical Conditions or Allergies

SECTION 5: Program Specifics Information Required

Current Housing Situation/Presenting Issues:

<input type="checkbox"/>	Eviction Notice
<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Couch Surfing
<input type="checkbox"/>	Treatment Centre
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Custody Centre
<input type="checkbox"/>	Other:

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