



PROGRESSIVE HOUSING SOCIETY

7836 6th Street
Burnaby, BC V3N 3N2
Phone: 604.522.9669
Fax: 604.522.4081
www.progressivehousing.net

OUTREACH AND HOUSING SUPPORT REFERRAL FORM

Please complete as much of this information as possible. Fax completed forms to 604-522-4081. or scan and email to admin@progressivehousing.net

Date Completed: _____				Outreach Worker: _____			
Referral Source	<input type="checkbox"/> Self-Referral		<input type="checkbox"/> Other Organization: _____				
			Name: _____		Phone: _____		
			Email: _____				
Last Name:	_____			First Name:	_____		
Preferred Name:	_____			Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Trans-woman	
					<input type="checkbox"/> Male	<input type="checkbox"/> Trans-man	
					<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other	
DOB:	_____	Age:	_____				
Do you identify as LGBTQ2+?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Preferred Contact (Email/Phone/Place + time)		_____			Ok to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Contact (Email/Phone/Place + time)		_____			Ok to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Narrative: What supports are you looking for with housing? Examples include help with searching for housing, affordable housing, moving, and others. As well, please provide us with your housing history.

Place 1: (Current/Recent)	Start Date: _____ End Date: _____	Address: _____
Place 2:	Start Date: _____ End Date: _____	Address: _____
Place 3:	Start Date: _____ End Date: _____	Address: _____
What is your monthly income?	\$. _____	Source? _____



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Do you prefer your service in French?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any dependants? If so, how many?		If applicable, what are the dependants' age?	
Do you identify as Indigenous? <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Have you stayed overnight in a hospital in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Have you been in prison in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Are you in an unsafe situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer Are you fleeing domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer			
Citizenship/ Immigration Status?	<input type="checkbox"/> Canadian Citizen – Born in Canada <input type="checkbox"/> Canadian Citizen – Born outside of Canada <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> Prefer not to answer		
Contributing Factors (Contributing factors are life events that have played a role in leading the client to require assistance from the service provider. Please check all that apply)	<input type="checkbox"/> Anger Management <input type="checkbox"/> Conflict with the law <input type="checkbox"/> Detox <input type="checkbox"/> Discharge from Jail <input type="checkbox"/> Discharge from Treatment – Medical <input type="checkbox"/> Education – Lack of <input type="checkbox"/> Financial Crisis <input type="checkbox"/> Gambling Addiction <input type="checkbox"/> Housing – Eviction by L.L <input type="checkbox"/> Housing – Lack of <input type="checkbox"/> Housing – Unsafe	<input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Health <input type="checkbox"/> New Arrival to Area <input type="checkbox"/> New Immigrant <input type="checkbox"/> Partner Abuse – Sexual <input type="checkbox"/> Partner Abuse – Physical <input type="checkbox"/> Partner Abuse – Psychological <input type="checkbox"/> Physical Disability <input type="checkbox"/> Substance Abuse – Alcohol <input type="checkbox"/> Substance Abuse – Drugs <input type="checkbox"/> Unemployment	
Are you exiting a Public Institution?	<input type="checkbox"/> Youth System <input type="checkbox"/> Corrections Facility <input type="checkbox"/> Medical/ Mental Health Facility		
FOR OFFICE USE ONLY: <input type="checkbox"/> Eligible for Norland Housing		<input type="checkbox"/> HOP <input type="checkbox"/> HPP <input type="checkbox"/> RH	



CLIENT CONSENT AND AUTHORIZATION

Progressive Housing Society [service provider name] is seeking your consent for the following purposes:

- Your consent to collect your personal information into the computer system we use.
 - This will help us meet your needs and connect you with appropriate support services.
- Your consent to share your personal information with our funder, BC Housing.
 - BC Housing is responsible for hosting the computer system we use to help manage our services.
 - BC Housing will use the information in the system, at an aggregate level to help improve services and funding.
- Your consent to migrate your personal information from the current computer system we use to the new one we will be using in the future.
- Your consent to share your personal information with other service providers using the system.
 - The new computer system we will be using in the future will allow for some data sharing.
 - If you require services from another service provider, authorized staff will be able to access your personal information to improve the consistency and quality of services provided to you.
- If you are accompanied by your children who are under the age of 19, we will also need to collect personal information about them. This is to ensure that information about families using services is recorded accurately.
- Your consent to share limited non-identifying information with Employment and Social Development Canada.
 - They will use this data to help create a national picture of the scope of homelessness in Canada.

If you choose not to sign this document, services will still be provided to you, except in regard to rent supplements. If your service provider has rent supplements, you will need to sign this consent form to be considered for and to receive a rent supplement (for accounting purposes).

Signature of Client to Indicate Consent

Print Name of Client