



## Referral Form

### Part One: Referring Agency Information

Name of Referrer: \_\_\_\_\_

Relationship to Individual Referred: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Box #                      Town                      Province                      Postal Code

Contact Number: \_\_\_\_\_

### Part Two: Client Information

Name: \_\_\_\_\_  
Surname                                      First                                      Middle

Address: \_\_\_\_\_  
Street/Box #                      Town                      Province                      Postal Code

Birthdate: \_\_\_\_\_ Gender: Male  Female  Transgender  Unknown   
(YYYY/MM/DD)

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

First Nations: \_\_\_\_\_

Does the client live on Reserve:  Yes  No

If yes, what community? \_\_\_\_\_

Type of Care Agreement:

- Customary Care  CCSY  Voluntary Care Agreement  Extended Society Care  
 Stay Home from School

Worker's Name, Phone Number & Email Address:

\_\_\_\_\_  
\_\_\_\_\_



# Nizigos Nimishomeh Endaad Semi-Independent Living Home

WEECHI-IT-TE-WIN FAMILY SERVICES INC.

601 VICTORIA AVE • FORT FRANCES • ON • P9A 2C6 • PHONE 807-274-0482 ex:2111 • FAX 807-274-5204

## Health Background:

- Asthma  
  Diabetes  
  Fainting  
  Heart Disease  
  High Blood Pressure  
 Other: (allergies or significant illnesses that require medication)

## Educational Background:

Is youth currently in school?  Yes    No

If yes, what school? \_\_\_\_\_ Current grade level: \_\_\_\_\_

If no, last school attended? \_\_\_\_\_ Last grade Completed: \_\_\_\_\_

## Income:

Source of Income:

- CCSY  
  Ontario Works  
  ODSP  
  School Funding  
  OSAP

Is youth presently employed?  Yes    No

If yes, Employer name: \_\_\_\_\_

Average monthly income: \_\_\_\_\_

## Part Three: Reason for Referral

Why is this youth being referred to the Nizigos Nimishomeh Endaad Semi-Independent Living Home?

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What does the youth hope to gain from this program?

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## Part Four: Agreement and Signatures

I, \_\_\_\_\_, certify that the above information is true and accurate. Furthermore, I understand that:

1. The Nizigos Nimishomeh Endaad Semi-Independent Living Home is a voluntary program, and the success of the program is dependent on the commitment of the Youth, the Housing Support Coordinator and the Case Worker.
2. The Housing Support Coordinator is a resource and support worker that will assist the Youth and the Worker by providing guidance and references for housing options in the Rainy River District.
3. The Housing Support Coordinator will maintain client files; however, the case management responsibilities remain with the Community Care Program.
4. It is the responsibility of the Youth and or Youth worker to make necessary travel arrangements for appointments, and meetings.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referer's Signature

\_\_\_\_\_  
Date

**Before acceptance into the Nizigos Nimishomeh Endaad Semi-Independent Living Home, the Housing Coordinator will set up a meeting time to answer more in-depth questions and life skills assessment with the Youth and the Case Worker/Referring Agency.**

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Signature of Receiver: \_\_\_\_\_

Eligible  Ineligible

Date of Admission: \_\_\_\_\_