Canadian Mental Health Association
Vancouver-Fraser
Mental health for all

#110- 2425 Quebec Street
Vancouver, BC V5T 4L6
Tel: 604-872-3148
Fax: 604-872-5934

Peer Navigator Program Referral Form

(Preferably filled out by the participant)

Last Name:	**First Name:**
Date of Birth:	**Gender Identity (Optional):**
Ethnicity (Optional):	**Sexual Orientation (Optional):**
Phone Number:	**Email:**
Address:	**Date of Referral:**

Primary Needs:

☐Mental/Health ☐Housing
☐Income ☐Legal
☐Community Other:

Health Care Connections (if known):

☐Family Doctor/GP ☐Dentist ☐Psychiatrist ☐Counsellor
☐Mental Health Team ☐Walk-in-Clinic ☐Addictions ☐Other:

Current Income (if known):

☐Income Assistance ☐Employed ☐EI/Medical EI ☐No Income
☐PWD ☐CPP(D) ☐OAS/GIS(Pension) ☐Other:

Current Housing (if known):

☐No Fixed Address/Shelter ☐Subsidized/Supportive/Affordable Housing ☐Other:
☐Market Housing ☐Weekly/Monthly Accommodation (SRO)

Have you received an Eviction Notice? ☐Yes ☐No **Have you applied for BC Housing? ☐Yes ☐No**

Referral Source:	**Agency Contact Person:**
Agency Contact Number:	**Update requested: ☐Yes ☐No**
Date of Intake (Internal Use):	**Peer Navigator (Internal Use):**

Other Notes: