



## Peer Navigator Program Referral Form

Please complete with the person being referred

<b>First Name:</b>		<b>Last Name:</b>	
<b>Date of Birth:</b>		<b>Gender &amp; pronouns:</b>	
<i>Optional:</i>	<b>Sexual orientation:</b>	<b>Ethnicity/Race:</b>	
<b>Phone Number:</b>		<b>Email Address:</b>	
<b>Address &amp; city:</b>			
<b>Do you give permission to the Peer Navigator program to contact you by</b>			<b>Date:</b>
<b>phone?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>text message?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>email?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>What are your primary needs currently?</b>			
<input type="checkbox"/> Health and wellness	<input type="checkbox"/> Housing	<input type="checkbox"/> Community Connections	
<input type="checkbox"/> Income and finances	<input type="checkbox"/> Legal aid	<input type="checkbox"/> Other:	
<b>What supports do you have?</b>			
<input type="checkbox"/> Doctor	<input type="checkbox"/> Substance use support	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Counsellor/therapist
<input type="checkbox"/> Mental Health team	<input type="checkbox"/> Dentist	<input type="checkbox"/> Friends/family	<input type="checkbox"/> Other:
<b>What kind(s) of income do you receive?</b>			
<input type="checkbox"/> Employment	<input type="checkbox"/> Income Assistance	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Persons with Disabilities
<input type="checkbox"/> OAS/GIS	<input type="checkbox"/> CPP/CPPD	<input type="checkbox"/> No income	<input type="checkbox"/> Other:
<b>What is your current housing situation?</b>			
<input type="checkbox"/> Market rental housing	<input type="checkbox"/> Subsidized housing (BC Housing, etc.)	<input type="checkbox"/> Single Room Occupancy (SRO)	
<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Shelter	<input type="checkbox"/> No Fixed Address (NFA)	<input type="checkbox"/> Other:
<b>Additional notes or comments:</b>			
<b>Referred by:</b>		<b>Contact info:</b>	
<b>Organization:</b>		<b>Relationship to referred individual:</b>	
<i>For internal use</i>			
<b>Received by IPN:</b>		<b>Assigned PN:</b>	<b>Intake date:</b>
Date:		Date:	Exit date: