



**Bethlehem Housing and Support Services Referral Form**  
**111 Church, ST. CATHARINES, ON L2R 3C9**  
**Phone: 905.641.1660**

Please send completed form through Fax: 905.684.1666  
 or email: [intake@bethlehemhousing.ca](mailto:intake@bethlehemhousing.ca)

<b>INTAKE AND REFFERAL FORM</b>
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<b>If referral is coming from a partner agency, please fill out this section:</b>	
<b>Name of Referral Agency:</b>	
<b>Contact Person:</b>	
<b>Title of Contact Person:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

<b>APPLICANT INFORMATION:</b>				
<b>Name of Applicant(s):</b>				
<b>Date of Birth: (MM/DD/YY)</b>				
<b>Current Address:</b>				
<b>Telephone Number:</b>				
<b>Safe to contact at this phone number?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   Comments:			
<b>Family Size:</b>				
<b>Children:</b>	<b>Full Name</b>	<b>Gender M/F</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>Status of Custody &amp; Access</b>
<b>Language:</b>	Applicant is French speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant requires service in French: <input type="checkbox"/> Yes <input type="checkbox"/> No			

	Applicant requires service in another language: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify language:
<b>Length of time agency has known applicant(s) and capacity:</b>	
<b>Has applicant received services from BHSS before? If so, when?</b>	
<b>Income (check all that apply):</b>	<input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> Employment <input type="checkbox"/> EI <input type="checkbox"/> EI <input type="checkbox"/> OSAP <input type="checkbox"/> Spousal Support <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Other: _____

<b>Type of Service Requested</b>	<input type="checkbox"/> Outreach Support <input type="checkbox"/> Transitional Housing Program <input type="checkbox"/> Permanent Supported Housing
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<b>Reason for Referral</b> (Check all that apply to this referral)	
<input type="checkbox"/>	Victim of domestic abuse
<input type="checkbox"/>	Victim of abuse (other than domestic violence)
<input type="checkbox"/>	Homelessness/at risk of homelessness
<input type="checkbox"/>	In need of basic life skills
<input type="checkbox"/>	Requires further skill development and education around parenting
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

Does the applicant have any physical health concerns?  Yes  No If yes, provide details:

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Does the applicant have any mental health concerns?  Yes  No If yes, provide details:

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Is the applicant living with an addiction?  Yes  No If yes, provide details:

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Is the applicant currently facing any criminal charges, on probation or on parole?

Facing Criminal Charges:  Yes  No If yes, provide details:

On Probation:  Yes  No If yes, provide details:

On Parole:  Yes  No If yes, provide details:

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Is FACS currently involved with the applicant?  Yes  No If yes, provide details:

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Please provide any additional information you feel necessary in order for Bethlehem Housing & Support Services to assess the applicant's eligibility for support services and/or housing.

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**Signature of Referral Agent**

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**Date**

***Should you have any questions and/or require any assistance with the completion of this form, please contact the Bethlehem Housing and Support Services Intake Support Worker.***

*We believe your personal information and privacy is important. We make every effort to ensure the information recorded with us is accurate, securely retained and used only for the purposes of Bethlehem Housing and Support Services. We do not sell or trade our donor list. If you have any questions or concerns, please call Bethlehem Housing Administration Office at 905.684.1660 and speak with our Privacy Officer.*