



Outreach Referral Form

Please fax completed forms to 604-980-0336 or email to outreach@cmhanorthshore.ca

Date: _____

Referring Agency: _____

Name & Pronouns:	Date of Birth:
Gender Identity:	Ethnicity:
Do you identify as Indigenous? <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Not Indigenous	Residency Status: <input type="checkbox"/> Work Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____
Source of Income: <input type="checkbox"/> Income Assistance <input type="checkbox"/> PWD <input type="checkbox"/> CPP <input type="checkbox"/> OAS/GIS <input type="checkbox"/> Private Pension <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other: _____ Income per Month: \$ _____	Contact Information: Email: _____ Phone Number: _____ Confidential Voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Housing: <input type="checkbox"/> Long term housing <input type="checkbox"/> Short term housing <input type="checkbox"/> Homeless <input type="checkbox"/> At risk of homelessness



Rent: Current: _____ Budget: _____	Current Housing End Date: _____
Supports Sought: <input type="checkbox"/> Housing <input type="checkbox"/> Food Support <input type="checkbox"/> Counseling/Mental Health Services <input type="checkbox"/> Income Assistance/PWD <input type="checkbox"/> ID <input type="checkbox"/> Youth Services <input type="checkbox"/> Employment <input type="checkbox"/> Other: _____ _____	Other Information: _____ _____ _____ _____ _____ _____

CLIENT CONSENT AND AUTHORIZATION

Canadian Mental Health Association – North and West Vancouver Branch 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.
 - 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 nineteen (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 your service provider has rent supplements, you will need to sign this consent form to be considered and to receive a rent supplement (for accounting purposes). If you choose not to sign this document, services will still be provided to you, except in regard to rent supplements.

I understand I can withdraw my consent at any time, except if I am receiving a rent supplement. I have read and understand the information provided above, and I consent to the collection, use and disclosure of my personal information as described.

Signature of Client to indicate Consent

Date of Consent

Print Name of Client