

Stella's Circle

Hope Lives Here

Referral Form JESS'S PLACE

| REFERRAL INFORMATION | |
|--------------------------|-------------------|
| Name of Referral Source: | Date of Referral: |
| Agency/Organization: | Telephone/Email: |

| APPLICANT INFORMATION | |
|-----------------------|------------------------------|
| Surname: | First Name: |
| Address: | |
| Telephone: | Can a message be left? Y / N |
| Email: | Is email preferred? Y / N |
| Date of Birth: | |

| OTHER INFORMATION | |
|-----------------------------------------------|-----------------------------------------|
| Other Supports & Contact Information: | |
| Current Housing: | Education History: |
| Employment History: | Addictions History & Period of Non-Use: |
| Involvement with the Criminal Justice System: | |
| Prior Counselling or Other Services: | |
| Short & Long Term Goals: | |

Signature: _____ Date: _____

Stella's Circle Supportive Housing Division

Tel: 709.738.0457 | Fax: 709.738.0670 | Email: housing@StellasCircle.ca