DIVERSE*city*
community resources society

CLIENT REFERRAL FORM
REFUGEE & IMMIGRANT SPECIALIZED EXPERIENCE (RISE) PROGRAM

Client Information

☐ Adult	☐ Youth (Age 16–24)		
Client's Name:	☐Female ☐Male ☐ Other	D.O.B:	Phone # : Cell #:
Address (# Street and Apt. #)	City	Province	Postal Code

Reason for Referral

Country of Origin:		Language spoken at home :		
Date of Arrival in Canada:				
Immigration Status:	☐Permanent Resident	☐Immigrant	☐Refugee	☐ Other

Immigration Information

Individual's Competence	**Environmental Difficulties**	**Complex life Situation**
☐Lack of employment	☐Accessing community resources	☐Experience of violence/trauma
☐Lack of education /interrupted education	☐Cultural shock	☐Family size/issues
☐Little or no English	☐Social isolation	☐Mental health/chronic health issues
	☐Lack of financial means	☐Criminal justice issues
	☐Housing issues	☐Alcohol/drug addiction & support
Other(s) (Specify):		

Referral Source Information

Referred By:		Profession:	Agency :
Referral Date:		Tel:	Email:
Has this referral been discussed with the client: Yes ☐ No ☐			

Please e-mail completed form to risereferrals@dcrs.ca or fax to 604-597-4299

*All information contained in this document is **strictly confidential***