

## Section 1: Client Information

Adult

Youth (Age 13–24)

Client's Name (First name, Last name)

Female  
Male  
X

Date of Birth

Phone #:

YYYY/MM/DD

Cell #:

Address: (Street and Apt. #)

City

Province

Postal Code

## Section 2: Immigration Information

Country of Origin:

Language Spoken at Home:

Date of Arrival in Canada:

Eligible clients should be from one of the following immigration status categories:

Government Assisted Refugee (GAR)

Privately Sponsored Refugee (PSR)

Protected Person (as defined in Section 95 of IRPA)

Blended Visa Office (BVOR)

Permanent Resident (PR) \*Vulnerable immigrant with multiple complex barriers

## Section 3: Reasons for Referral

### Individual's Competence

Lack of employment  
Lack of education/interrupted education  
Little or no English

Other(s) (Specify):

### Environmental Difficulties

Accessing community resources  
Cultural shock  
Social isolation  
Lack of financial means  
Housing issues

### Complex Life Situation

Experience of violence/trauma  
Family size/issues  
Mental health/chronic health issues  
Criminal justice issues  
Drug/substance use disorder  
Member of a SOGIESC\* social group

## Section 4: Referral Source Information

Referred by:

Profession:

Agency:

Referral date:

Tel:

Email:

Has this referral been discussed with the client?

Yes

No

Please email completed form to [risereferrals@dcrs.ca](mailto:risereferrals@dcrs.ca) or fax to 604-597-4299.

All information contained in this document is strictly confidential.

\* SOGIESC (Sexual Orientation, Gender Identity and Expression and Sexual Characteristics)