

Section 1: Client Information

Adult		Youth (Age 13–24)	
Client's Name (First name, Last name)	Female Male X	Date of Birth YYYY/MM/DD	Phone #: 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

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

Other(s) (Specify):

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 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)