

Next Door
Referral Form

Applicant information

First name: _____ Initial: _____

Last name: _____

Street Address: _____

City: _____ Province: _____

Postal Code _____

Telephone Number: _____

Date of Birth: ____/____/____

Day Month Year

Tell us about your current living situation.

Who are you currently living with?

Status in Canada:

Canadian Citizen ____ Landed Immigrant ____

Refugee Claimant ____ Other ____

Year of Arrival in Canada _____

Do you speak English: _____

What is your preferred language? _____

Please describe how and why you feel that living at Next Door will be of help to you. Include any hope or fears you may have about making this change in your life:

Applicant’s Declaration and Consent

I have reviewed the admission criteria and believe that I am a candidate for the Next Door Program. Yes__ No__

All of the information that I have provided in the application is true. I understand that in order to determine my eligibility for this program staff may require further information from me prior to the assessment process. Yes__ No__

I give permission for the Next Door staff to contact my referrer to clarify any information from this referral form or during the initial assessment process, if applicable. Yes__ No__

Applicants signature

Date

(Applicants name _____)

Referring Agency/Worker information

Name: _____

Agency: _____

Relationship to applicant: _____

How long have you known this applicant: _____

Do you intend to remain involved with the applicant if she is a successful applicant to the Next Door Program? Yes___ No___

Referrer’s Statement:

I declare that the information contained on this referral form is correct. I have read the Next Door admission criteria and believe this applicant is an appropriate referral for this program.

I have discussed this referral application with the applicant, explained the role of Next Door, the referral process and whenever possible have completed this referral form together with the applicant.

Referrer’s signature

Date

Name (print)

Position

Agency:

Contact Information:

Please send the completed referral form to:

cmclean@myfriend'shouse.ca and copy to kmarchand@myfriend'shouse.ca

or mail to:

Next Door c/o My Friend's House Box 374 Collingwood, ON. L9Y 3Z7