

Referral Date:		/	/	
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## **MOSH Housing First**

Referral Form

Please fax completed form to: 902-429-8319 or Email to: ejdavis@nechc.com

## **Personal Information**

First Name	Last Name	Preferred Name
Has a Vulnerability Index assessment been	n completed?	
☐ Yes(please provide score and at	ttach original VI)   No	
Has a SPDAT been completed? □Yes	(please provide score a	and attach original) $\square$ No
What is your age?	What is your gender?	
Are you an Aboriginal Person? □Yes	□No Are you a v	reteran? □Yes □No
	<b>Contact Information</b>	
Phone:		
Pays for incoming calls: $\Box$ Yes $\Box$ No	Text only: $\square$ Yes $\square$ No	☐Only certain hours:
Email:		
If no other contact method available, when Is there someone else we can pass messag	7 1	
Ţ	Referring Staff Information	
Agency/Program:	Staff:	
Phone:	Email:	
How long have you known applicant?	Signature:	
Reason for referral (short narrative):		



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## **Situational Information**

Current sleeping situation:
□ Emergency Shelter □ Outside □ Hospital □ Jail □ Other:
Income:
Do you have a source of income?   Yes:   No
Do you have a trustee?   Yes:   No
In the past year, have you: (please check all that apply)
□ Experienced homelessness chronically (6+ months) or episodically (3+ instances)
☐ Received a mental health diagnosis or struggled with potential mental health concerns
☐ Used substances recreationally (please include length of use:)
□Voiced concern surrounding your drug or alcohol use
□ Experienced violence, or been violent to others
□ Experienced incarceration
☐ Taken prescription medications
☐ Accessed health care in an emergency room more than twice
☐ Accessed psychiatric care in a hospital setting
☐ Accessed a rehabilitation or detox centre
□ Experienced an exhaustion of resources (banned, evicted, etc.)
□Experienced physical health challenge(s)
□Experienced a cognitive challenge
☐ Do you use or require a motorized scooter, wheelchair, or other aid to support mobility?
□Do you smoke cigarettes?
Consent
Description below Learnesstee being referred to MOSHIII in 1971 to 197
By signing below, I consent to being referred to MOSH Housing First, an interview with Housing First staff, and completion of assessment to determine my eligibility.
Consent for referral: (client signature)
Consent for case interview and assessment (SPDAT):(client signature)