Second Story
COMMUNITY HOMES & SERVICES
Formerly Bethlehem Housing and Support Services

Second Story Community Homes & Services Referral Form
58 Welland Avenue, ST. CATHARINES, ON L2R 2M5
Phone: 905.641.1660, ext. 227 Fax: 905.641.3813
info@secondstoryhomes.ca

INTAKE AND REFFERAL FORM

If referral is coming from a partner agency, please fill out this section:	
Name of Referral Agency:	
Contact Person:	
Title of Contact Person:	
Telephone:	
E-mail:	

Name of Applicant(s):				
Date of Birth: (MM/DD/YY)				
Current Address:				
Telephone Number:				
Safe to contact at this phone number?	☐ Yes ☐ No Comments:			
Family Size:				
Children:	**Full Name**	**Gender M/F**	**Date of Birth (MM/DD/YY)**	**Status of Custody & Access**
Language:	Applicant is French speaking: ☐ Yes ☐ No Applicant requires service in French: ☐ Yes ☐ No Applicant requires service in another language: ☐ Yes ☐ No Specify language:			
Length of time agency has known applicant(s) and capacity:				
Has applicant received				

services from SSCH before? If so, when?	
Income (check all that apply):	□ OW □ ODSP □ Employment □ EI □ EI □ OSAP □ Spousal Support □ Child Tax Credit □ Other: _____

Type of Service Requested	□ Outreach Support □ Transitional Housing Program □ Permanent Supported Housing

Reason for Referral **(Check all that apply to this referral)**	
	Victim of domestic abuse
	Victim of abuse (other than domestic violence)
	Homelessness/at risk of homelessness
	In need of basic life skills
	Requires further skill development and education around parenting
	Other
	Other

Does the applicant have any physical health concerns? □ Yes □ No If yes, provide details:

Does the applicant have any mental health concerns? □ Yes □ No If yes, provide details:

Is the applicant living with an addiction? □ Yes □ No If yes, provide details:

Is the applicant currently facing any criminal charges, on probation or on parole?
Facing Criminal Charges: □ Yes □ No If yes, provide details:
On Probation: □ Yes □ No If yes, provide details:
On Parole: □ Yes □ No If yes, provide details:

Is FACS currently involved with the applicant? □ Yes □ No If yes, provide details:

Please provide any additional information you feel necessary in order for Second Story Community Homes & Services to assess the applicant's eligibility for support services and/or housing.

Signature of Referral Agent **Date**

Should you have any questions and/or require any assistance with the completion of this form, please contact the Second Story Community Homes &Services Intake Support Worker.

We believe your personal information and privacy is important. We make every effort to ensure the information recorded with us is accurate, securely retained and used only for the purposes of Second Story Community Homes & Services. We do not sell or trade our donor list. If you have any questions or concerns, please call Second Story Community Homes& services Administration Office at 905.641.1660 and speak with our Privacy Officer.