Supported Independent Living Program
1801 Toronto Street, Regina, SK S4P 1M7
Phone: (306) 757-6657 Fax: (306) 347-0707

CLIENT REFERRAL FORM

Date:_____

Ministry Worker Information:

Name:			
Phone:		Email:	
I would prefer to be contacted via: ☐Phone ☐Email			

Client Information

Youth's Name:			
Other Aliases:			
DOB:		Gender Identity:	
Address:			
Phone:		Cell:	
Other:		Other:	

Ministry of Social Services Status: (Place an "X" which applies)

☐Long Term Ward ☐Permanent ☐Section 10 ☐Section 56

Living Arrangements: (Place an "X" which applies)

☐Parental Home ☐Room and Board ☐Other:
☐Community/Foster/Group Home ☐Living Independently
☐Family/Friends ☐No Fixed Address

Ethnic Origin: (Place an "X" which applies)

☐Status ☐Metis ☐Unknown
☐Non-Status ☐Non-Aboriginal ☐Other:

Emergency Contact

Name:			
Relationship to Youth:		Phone:	
Address:			

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Education/Employment:

☐Working Full-Time ☐Not working/Not in school
☐Working Part-Time ☐Attending School

Name of School: _____

Last grade completed:

☐Less than grade 9 ☐Grade 10 ☐Grade 12/GED
☐Grade 9 ☐Grade 11 ☐Post-Secondary

Identification: (what identification does the client currently have – place an "X")

☐Birth Certificate ☐Health Card ☐SIN Card ☐Treaty Card ☐ Bank Account ☐ Bus Pass

What Identification does the client need to obtain? _____

Legal Issues: ☐No ☐Yes

Relevant Health/Mental Health Information: (Place an "X" which applies and provide a brief explanation)

☐Addiction(s)/substance use ☐Suicidal Ideations ☐General Health
☐Mental Health ☐Pregnancy/Family Planning ☐Cognitive Delay
☐Other (please describe) _____

Any relevant information SILP should be aware of (learning disabilities, behavioral issues, gang affiliation, substance use, violence, sexual exploitation, etc.) or desired outcomes for you.

Please submit referral by e-mail or fax:

- E-mail: youthregina@sk.johnhoward.ca
- Fax: 306-347-0707