

Reintegration Housing Program (RHP)

Referral Form

In what areas of your life are you requiring support? (Tick all that apply)

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-

General Information:

Facility: _____

Referral Date: _____

Referring Agent (if applicable): _____

Institution Phone Number: _____

Client Legal Name: _____

Gender Identity: _____

DOB (MM/DD/YY): _____

Current Institution and unit (if applicable): _____

Release Date: _____

Ethnic Origin: Status Non-status Metis Non-aboriginal Unknown Other: _____

Support contact(s): (supports in the community. IE: friends, family, ministry worker, probation officer etc.)

Name:	Relationship:
Address:	Phone Number:

Name:	Relationship:
Address:	Phone Number:

Name:	Relationship:
Address:	Phone Number:

Do you have any legal conditions that affect where you can live? If yes, please explain:

Do you have any specific housing needs? (ex: mobility-cannot use stairs)

Housing History, last three residences:

Address	Type of residence	Date you lived there (to-from)

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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ consent to the John Howard Society obtaining and distributing information on myself, from the below noted agencies and other beneficial supports to me including family support members and other. This information will be kept confidential by the John Howard Society, for their use only.

To Release/Obtain Information to/from:

- Addiction Services
- Educational Facilities
- Mental Health Services
- Family Services
- Social Services
- Corrections and Public Safety and Policing

Other _____

Name: _____

Date: _____

****Please scan and email completed document to:****
 reintegration@sk.johnhoward.ca

Signature: _____

Witness: _____

TO BE FILLED OUT BY STAFF IN THE CORRECTIONAL INSTITUTION

Name/Role of Staff: _____ Contact Number: _____

Please provide the following information on the inmate:

Primary Conviction: _____ Secondary Conviction: _____

Offence History: Non-Compliance Property CDSA Weapons Offense Against Person
