



## COMMUNITY LINKS REFERRAL FORM

Please submit to [communitylinks@cmhaletbridge.ca](mailto:communitylinks@cmhaletbridge.ca)

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Name listed on Government issued ID (if different from above) \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Has the client agreed to Community LINKS contacting them directly?  YES  NO, Why? \_\_\_\_\_

What types of services is the client looking to access?

#### Check all that apply

Completing Applications for:

Alberta Supports/AISH	<input type="checkbox"/>
Finding Housing Supports*	<input type="checkbox"/>
Intensive Case Management	<input type="checkbox"/>
Permanent Supportive Housing	<input type="checkbox"/>

Accessing services for:

Addictions	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Medical	<input type="checkbox"/>
Employment training	<input type="checkbox"/>

Food and/or Clothing	<input type="checkbox"/>
Social Support	<input type="checkbox"/>
Cultural Support	<input type="checkbox"/>
General Information	<input type="checkbox"/>

If the type of service is not listed, please describe below

\*CMHA Community LINKS and other CMHA programs does **NOT** have the ability to provide funding and/or access to immediate housing.

### Referral Source Information

Referral Source Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has the client agreed to this referral  YES  NO, Why: \_\_\_\_\_

Signature \_\_\_\_\_

Date of Referral (MM/DD/YYYY) \_\_\_\_\_

#### Administrative Use Only

Date Referral Source notified that referral was received: \_\_\_\_\_

Referral sent to:  Information and Referral  Intake

Date Client was contacted (MM,DD,YYYY) \_\_\_\_\_

Attempt #1: \_\_\_\_\_ Attempt #2: \_\_\_\_\_ Attempt #3: \_\_\_\_\_

