



# Opokaa'sin

## Indigenous Community Supports Navigator

Client Referral Form

Date completed: \_\_\_\_\_ (MM/DD/YYYY)

Client Contact and General Information			
Last Name		First Name	
Phone Number		E-mail	
Mailing Address			
Gender		Date of birth (MM/DD/YYYY)	
Do you have any dependents (Y/N)?		How many dependents in your care?	
Do you identify or self-identify as Indigenous (Y/N)?			
Is your household considered low-income (varies on situation) (Y/N)? If not sure list yearly <b>household</b> income also if you are in a couple or single.			

Are You Experiencing ...			
Chronically homeless (experiencing homelessness for at least a year) (Y/N)?		At risk of homelessness (struggling to remain homed) (Y/N)?	
Non-chronically homeless (currently homeless for less than a year) (Y/N)?		Experiencing domestic violence (Y/N)?	

Are You Living with ...	
Physical disability (Y/N)? Please explain.	
Developmental disability (Y/N)? Please explain.	
Struggling with Mental Health (Y/N)?	
Struggling with Addictions (Y/N)?	

Do you need support ...	
With improving employment, education, or training (Y/N)? Please explain.	
To achieve, maintain, or increase income (Y/N)? Please explain.	

Reasons for Referral

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<b>Additional Information (Barriers, Goals etc.)</b>

<b>Referring Agency Information</b>	
Agency	
Contact Phone	
Email	
Mailing Address	
Are you referring through ICA, ACM or PSH Consortium?	

<b>Office Use Only</b>	
Date Reviewed (MM/DD/YYYY)	
Does client meet eligibility requirements?	
Accepted by:	
Denied services (why)?	

**FOIP**

This personal information is being collected under the authority of Section 33c) of the *Freedom of Information and Protection of Privacy ACT* (the "FOIP ACT") and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the client's stay and for participation in any projects will be used to provide services and ensure a safe and secure environment of all of our clients. It will be treated in accordance with the privacy provision of **PART 2** of the FOIP ACT. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out projects, activates or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, contact Indigenous Community Supports Worker at 403-380-2569.

**Disclosure of Personal Information**

Opokaa'sin will only use and disclose my individually identifying personal information from my client file to organizations that will help the Indigenous Community Support Navigator obtain resources and supports for me, only with my consent. This consent will automatically expire in 1 year after receiving services for this project or whenever I terminate it. My consent is voluntary and will not result in any adverse decisions about my rights, benefits or services. Other than limiting the ability of organizations to work together on my behalf.

Please email the referral form to [chevie-lee.mitchell@opokaasin.org](mailto:chevie-lee.mitchell@opokaasin.org)  
For any questions please call Chevie-Lee at 403-380-2569