Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

REFERRAL

Date of Referral: _____ **Staff Initials:** _____

☐ **Self-Referral**	☐ **Hospital Referral**
☐ **Justice Referral**	☐ **Agency Referral**
☐ **Outreach Worker Referral**	

Urgency Level:
☐ **Immediate (within 24 hrs)**
☐ **Within 48 hrs**
☐ **Within 1 week**

SECTION 2: REFERRAL SOURCE (If Agency)
Agency Name: _____
Contact Person: _____
Title: _____
Phone: _____
Email: _____
Has the client consented to this referral?
☐ **Yes (written consent attached)**
☐ **Yes (verbal consent)**
☐ **No**

SECTION 3: APPLICANT INFORMATION
Legal Name: _____
Chosen Name: _____
Pronouns: _____
Date of Birth: _____
Age: _____
Safe Phone: _____
☐ OK to leave voicemail ☐ NOT safe

Safe Email: _____

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

Status (voluntarily disclosed):
☐ Métis ☐ First Nations ☐ Inuit
Band/Community (optional): _____
Phone: _____

Current Situation:
☐ Unsafe housing ☐ With abuser ☐ Couch surfing ☐ Hospital ☐ Other: _____

Is it safe for staff to contact or visit previous address?
☐ Yes ☐ No ☐ Do not disclose

Current Location:
☐ Unsafe housing ☐ With abuser ☐ Couch surfing ☐ Hospital
☐ Other: _____

Current Location: _____

Where did you sleep last night? _____

Previous Address:

Duration of abuse: _____

Current Safety Situation:
Are you currently safe? ☐ Yes ☐ No

Brief description of situation (keep short):

Duration of abuse: _____
Most recent incident: _____

Is the person causing harm aware you are leaving?
☐ Yes ☐ No ☐ Unsure

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

Any immediate safety risks:

Immediate risk factors:
☐ Threats with weapons
☐ History of strangulation
☐ Escalating violence
☐ Stalking
☐ Abuser has access to firearms
☐ Suicide threats by abuser

Is the applicant currently fleeing violence from abuser?
☐ Yes
☐ No

Type of violence experienced (check all that apply):
☐ Intimate partner violence
☐ Sexual violence
☐ Human trafficking
☐ Financial abuse
☐ Emotional / coercive control

Are there any known safety concerns involving:
☐ Gang involvement / affiliation
☐ Community retaliation risk
☐ High-risk associates connected to situation

Is there an active restraining/protection order?
☐ Yes
☐ No

Children or dependent Information:
Are there children or dependents connected to this referral?
☐ Yes
☐ No
If yes:

Number of children/dependents: _____

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

For each child/dependent (attach additional sheet if required):

Child Name	Age	Accompanying Applicant	Special Needs/Medical/Safety Concerns:

Is there current child protection involvement?

☐ Yes
☐ No
☐ Unknown

Medical and medication information:

Primary Care Provider: _____
Current Medications (attach list if needed):

Does the applicant require medication storage support?

☐ Yes
☐ No

Allergies: _____
Chronic health conditions: _____
Pregnant?

☐ Yes
☐ No
☐ Prefer not to say

Mental Health concerns or diagnosis

Mental health diagnoses (if known):

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

Recent hospitalization (past 30 days)?
☐ Yes
☐ No

Suicide risk:
☐ Current ideation
☐ Past attempt
☐ No known risk

Substance use (optional disclosure):
☐ Alcohol
☐ Opioids
☐ Methamphetamine
☐ Cocaine
☐ Cannabis
☐ Other: _____

Mental health supports needed: _____

Accessibility needs: _____

LGBTQ2T+ AFFIRMING SUPPORT NEEDS

☐ N/A
Gender identity: _____

Is applicant on hormone therapy?
☐ Yes
☐ No
☐ N/A

Does applicant require:
☐ Name change support
☐ Legal ID support

Any safety concerns related to gender identity?
☐ Yes
☐ No

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

Housing and Transitional Planning:

Income source:
☐ Employment
☐ Income Assistance
☐ Disability
☐ None
☐ Other: _____

ID Available?
☐ Birth Certificate ☐ Status Card ☐ Health Card ☐ SGI ☐ None

Goals during 30-day stay:
☐ Secure longer-term housing
☐ Safety planning
☐ Legal support
☐ Counseling
☐ Income stabilization
☐ Treatment referral
☐ Reunification support

☐ Other: _____

CONSENT

I consent to the sharing of relevant information for the purpose of intake, safety planning, and case coordination.

Applicant Name: _____

Signature: _____

Date: _____

Witness/Staff: _____

Central Urban Métis Federation Inc.
1075 Kensington Blvd.
Saskatoon, SK
S7L 7P4
AggiesandShirleys@sasktel.net
Phone: (306) 249-5850
Fax: (306) 249-5855

ELIGIBILITY SCREEN (Internal Use Only) completed by: _____

☐ **Age eligible**

☐ **DV verified**

☐ **Indigenous**

☐ **LGBTQ2T+ identified or affirming space requested**

☐ **Medically stable**

Bed Availability:

☐ **Accepted**

☐ **Waitlisted**

☐ **Referred elsewhere**

Director: _____

Date: _____

Assigned suite:

Notes: