Coordinated Access to HIV/AIDS Housing & Supports and Toronto Linkage to Care Referral Form

Client Contact Information	
Date of Referral:	
First Name:	Last Name:
Preferred Name:	Gender Expression:
Telephone:	Can we leave a message? YES NO
Email:	
Immigration Status:	
Language:	Interpretation required? YES NO

Reason for Referral			
❒ Access to primary and/or HIV care		❒ Access to medication coverage	
❒ Housing	❒ Employment	❒ Education/school	❒ Legal
❒ Income	❒ Immigration	❒ Mental health	❒ Substance use
❒ Other (please specify):			

Housing and Eligibility Information	
Fife House is committed to improving access and support for applicants who identify as Black, Indigenous, or a person of colour (BIPOC). Do you Identify as BIPOC? YES NO	
Are you HIV positive? YES NO	Are you located in Toronto? YES NO
Are you currently homeless? YES NO	Are you currently at risk of becoming homeless? YES NO
What is your source of income?	Total monthly income:
Where are you currently staying? ❒ Couch surfing ❒ Shelter ❒ On the street ❒ Hospital ❒ Room ❒ Apartment ❒ House ❒ Correctional Facility ❒ Other (please specify):	
Name of shelter/facility:	

Name of contact:			
Telephone:	Are they aware of your HIV?	YES	NO
If you are facing eviction, please state the date of eviction:			
Please list any other agencies that you are working with:			
Health/Support Information			
Do you have difficulty paying for medical treatment or medication?		YES	NO
Have you seen a doctor/nurse in the last 6-12 months?		YES	NO
Are you willing to connect with staff on a weekly basis to work on your goals?		YES	NO

Do you need supportive housing?	YES	NO	Do you need supports to live independently?	YES	NO
Have you been to the ER or admitted to hospital recently?	YES	NO	Do you currently need home care support?	YES	NO

Alternate Contact Information			
First Name:	Last Name:		
Telephone:	Can we leave a message?	YES	NO
Relationship:	Are they aware of your HIV?	YES	NO
Referral Information			
Agency Name/Contact Name:			
Telephone:	Fax:		
Email:			
Description of presenting situation/concerns:			

Fax or email completed form to 416-205-9919 or mbilson@fifehouse.org