



Linkage to Care – Referral Form

Client Information			
Date of Referral:			
First Name:		Last Name:	
Preferred Name:		Gender Identity:	
Date of Birth:		Pronouns:	
Telephone:		Can we leave a message?	YES NO
Email:		Immigration Status:	
Language:		Interpretation required?	YES NO
Alternative Contact			
Name:		Telephone:	
Relationship:		Aware of HIV status?	YES NO
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
Do you identify as belonging to the 2SLGBTQIA+ community?			YES NO
Are you HIV positive?	YES NO	Do you need access to HIV and/or medical care?	YES NO
Are you currently in Toronto?	YES NO	Have you had case management services in the past?	YES NO
Are you currently homeless?	YES NO	Are you currently at risk of becoming homeless?	YES NO
Are you living with mental health and/or substance use issues?	YES NO	Do you have current criminal charges?	YES NO
Are you willing to connect with staff on a weekly basis to work on your goals (including but not limited to housing)?			YES NO
Summary of Support Needs (Rate each item as: 1 – Low, 2 – Moderate, 3 – High, N/A – Not applicable)			
	Housing Stability		Financial
	Physical Health (i.e. chronic illness)		Treatment Access
	Mental Health or Emotional Wellness		Substance Use or Addiction Services
	Legal		Immigration
	Education		Employment
	Life Skills or Activities of Daily Living		Social and Community
	Safety Planning		Mobility or Accessibility Devices
	Communication and Organization		Appointment Accompaniments

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Residence and Accommodation History			
Current Address/ Whereabouts:		Type of Residence:	
Contact Person/ Agency:		Are they aware of your HIV status?	YES NO
Telephone:		If you are facing eviction, please state the date of eviction:	
How many days have you accessed shelter in the last six months?			
How many days have you spent in the Emergency Room in the past year?			
How many days have you been admitted to the hospital in the past year?			
How many days have you spent in a correctional facility or detention centre in the past year?			
Description of presenting situation and concerns:			
Referral Source			
Contact Name:		Agency:	
Position/Relationship:		Email:	
Telephone:		Fax:	

Fax or email completed form to 416-548-7232 or skaur@fifehouse.org. Please contact 416-205-9888 ext. 214.