

Youth Housing Support program **Oxford County Community Health Centre** 35 Metcalf St., Unit 301, Woodstock, ON, N4S 3E6 C-(226) 232-6863 | F-(519) 539-9111

E: dknezevic@oxchc.ca

## YOUTH HOUSING SUPPORT PROGRAM REFERRAL

16-17 Year Olds

FOR IMMEDIATE PROTECTION CONCERNS, PLEASE CALL THE CHILDREN'S AID SOCIETY OF OXFORD COUNTY AT 519-539-6176 DATE OF REFERRAL:

(dd / mm / yyyy):

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Name:		Date of Birth (dd / mm / yyyy):		
Gender: Male ☐ Fema	ale			
Phone: home  cell	] work [] other []	Phone: home  cell  work  other		
Safe to: leave voicemail	☐ text ☐	Safe to: leave voicemail ☐ text ☐		
Email:				
Address: (street #, street	et, city, postal code)			
☐ No fixed address				
REASON FOR REF	ERRAL select all that a	apply:		
Housing Issues	Financial Issues	Mental Health Issues ☐	Social Concerns  (i.e. Gang involvement, criminal behaviour)	
Addictions 🗌	Legal Issues □	Physical Health Issues □	Family Violence  (i.e. unhealthy relationships)	
REFERRING AGEN	ICY INFORMATION	(please note: you will be cont	acted to attend a planning meeting)	
Name/Agency:				
Position:				
Phone:		Email:		
COMMENTS:				
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Completed referral forms are accepted via mail or in person at: 35 Metcalfe Street, Unit 301, Woodstock, ON N4S 3E6 or by fax at 519-539-9111 (Attention: David Knezevic). Kindly default to the policies and best practices outlined by your agency regarding client privacy and confidentiality.