ABORIGINAL COALITION TO END HOMELESSNESS
1809 Douglas Street
Victoria BC V8W 0B8
P: 778-432-2234
www.acehsociety.com

Aboriginal Coalition to End Homelessness Society – REFERRAL FORM

Eligibility:

☐ First Nations, Inuit, Métis

Today's Date		Housing Need Date (if applicable)	

REFERRAL SOURCE			
Name		Organization (if applicable)	
Self-Referral	☐ Yes ☐ No	Contact	

PERSONAL INFORMATION			
Name		Date of Birth	
Gender		Ancestry	☐ First Nations ☐ Métis ☐ Inuit
Pronouns		Nation or Community	
Contact		Status	☐ Status #:_____ ☐ Non-Status
Relationship	☐ Single ☐ Partner Involved ☐ Other:	Income	☐ Working ☐ No income ☐ Disability Assistance ☐ Income Assistance ☐ Employment Insurance Monthly ($ approx.): _____
Dependents *(children, grandchildren, parents, grandparents etc.)*	Name: _____ Relationship: _____ Name: _____ Relationship: _____ Name: _____ Relationship: _____ Name: _____ Relationship: _____		
Parent/Guardian *(if applicable)*			

Please send referrals completed online to outreach@acehsociety.com

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HOUSING INFORMATION	
Current	☐ Unhoused (i.e., Living outside, in vehicle, couch surfing) ☐ Unsafe Housing ☐ Shelter/Transitional Housing ☐ Supportive Housing ☐ Culturally Supportive Housing ☐ Other: _____
Housing History (last 3 years)	
BC Housing Registry # *(if applicable)*	
Supportive Housing Registry # *(if applicable)*	
Housing Needs Type	☐ Shelter/Transitional Housing ☐ Supportive Housing ☐ Culturally Supportive Housing ☐ Subsidized Housing ☐ Private Market Rental ☐ Other: _____
Market Housing Needs	Budget ($):_____ Preferred Location: ☐ Downtown ☐ Esquimalt ☐ Fernwood ☐ James Bay ☐ Langford / Colwood ☐ Oak Bay ☐ Quadra Village ☐ Saanich ☐ Sooke ☐ Vic West Number of bedrooms: ☐ Bachelor ☐ 1 bedroom ☐ 2 bedroom ☐ 3 bedroom ☐ Other (specify): _____ Parking: ☐ Yes ☐ No
Living with Pets	☐ Yes ☐ No If yes, how many (#)?_____

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Lifestyle preferences (i.e., quiet and solitary, family oriented, access to transit, social and central etc.)	

Health Information	
Mobility Needs (i.e., elevator access, ground-floor unit, wheelchair accessibility, limited stairs, walker access, nearby transit, accessible bathroom features)	
Substance Use	☐ Opioids ☐ Stimulants ☐ Alcohol ☐ Non-beverage Alcohol ☐ Benzodiazepines ☐ Tobacco or e-cigarette ☐ Cannabis ☐ Other (specify): _____
Mental Health (i.e., anxiety or stress-related needs, depression or low mood support needs, trauma-informed environment needs)	

Support Requests	
☐ Housing Application(s) ☐ Housing Searches ☐ Food Security ☐ Obtaining Identification ☐ Cultural programming (i.e., Elder, ceremony) ☐ YEḴ,ÁUTẆ, Indigenous Justice Program ☐ Land-Based Healing ☐ Counselling	☐ Substance Use (i.e., treatment application) ☐ Financial ☐ Community Integration Specialist ☐ Other:

Community and Family Support Contacts (Optional)

Name	Relation	Notes

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Information Sharing

Do you give ACEH permission to collect personal information that may help us support your care and services?

☐ Yes
☐ No

Information collected and protected by the ACEH may include:

- Name
- Nation / Community
  Date of Birth
- Gender
- Housing Status
- Financial Information
- Veteran Status
- Copies of ID
- Case Planning & Notes
- Referral Information

Which organizations are you comfortable with ACEH requesting information from to support your care and services?

☐ BC Housing
☐ Primary Care Providers
☐ Island Health
☐ Mental Health Services
☐ Ministry of Children and Family Development
☐ Ministry of Justice
☐ Ministry of Social Development and Poverty Reduction
☐ Ministry of Safety and Solicitor General
☐ Non-Profit Housing Providers
☐ Social Service Providers (i.e., AVI, Umbrella etc.)
☐ Other: _____

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