

John Howard

THE JOHN HOWARD SOCIETY OF PRINCE EDWARD ISLAND

(902) 566-5425 | JOHNHOWARDSOCIETY@JHSPEI.CA
155 QUEEN STREET, CHARLOTTETOWN, PE C1A 4B4

Referral Accepted By:

FOR OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Skills PEI |
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Wrap Around - Rural |
| <input type="checkbox"/> Prevention and Diversion | <input type="checkbox"/> Wrap Around – Urban |

Date Received: _____

CLIENT REFERRAL TO JHS PEI DATE OF REFERRAL: _____

Client Information

Full Name: _____ DOB: _____
Last First M.I. dd/mm/yyyy

Alias or Preferred Name (If different from name above): _____

Phone: _____ Email: _____

Preferred method of contact?

- Text Phone call Email Any/All

Referral Information

Referred From: _____ Referred By: _____
Organization Case Worker or Representative

Phone: _____ Email: _____

Is the client currently, or have they previously, received service or assistance from your organization as well?

- Yes – Currently Receiving Services Yes – Previously Received Services No Services Received

If yes, what services: _____

Client Needs

What program(s) or service(s) from the John Howard Society of PEI are you looking to refer this client to? Please select all that apply.

- | | | |
|-------------------------------------|---|---|
| Wrap Around Housing Support | <input type="checkbox"/> Assistance Finding Housing - Urban | <input type="checkbox"/> Assistance Finding Housing – Rural |
| | <input type="checkbox"/> Eviction Prevention | <input type="checkbox"/> Housing Retention & Support |
| | <input type="checkbox"/> Family / Partner Living Support | <input type="checkbox"/> Other Housing Concerns |
| Pre-Employment | <input type="checkbox"/> Personal Finance & Budgeting | <input type="checkbox"/> Income Tax Assistance |
| | <input type="checkbox"/> Life Skills Development | <input type="checkbox"/> GED / Educational Assistance |
| | <input type="checkbox"/> Post-Secondary Applications | <input type="checkbox"/> Record Suspensions |
| Employment and Job Searching | <input type="checkbox"/> Job Search Skills / Assistance | <input type="checkbox"/> Resume Building |
| | <input type="checkbox"/> Job Application Support | <input type="checkbox"/> Employment Counseling |
| | <input type="checkbox"/> Interview Preparation | <input type="checkbox"/> Skills PEI Case Management |
| Prevention & Diversion | <input type="checkbox"/> Financial & Bill Assistance | <input type="checkbox"/> Other Preventative Support |

NOTE: Please provide more details on the client's needs and any applicable information on the second page.

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Case Notes:

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Client Details and History

Please provide more detail on the client's history and the reason(s) for this referral, as well as any other relevant information to best serve the client's needs.

PLEASE SUBMIT COMPLETED REFERRALS VIA EMAIL TO CLIENTSERVICES@JHSPEI.CA.

For immediate assistance or for more information about specific programs and services, please contact:

Wrap Around Housing Services

graham@jhspei.ca | (902) 566-5425 ext. 105

Prevention and Diversion Services

alice@jhspei.ca | (902) 566-5425 ext. 103

Thank you for your referral! Someone from our team will be in touch with you or the client shortly.

Referral Acceptance:

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Referral accepted by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Prevention and Diversion | <input type="checkbox"/> Skills PEI |
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Wrap Around – Rural | <input type="checkbox"/> Wrap Around – Urban |

Case/Outreach Worker Responsible for Follow Up: _____

Date of first Contact with Client: _____

Date of first Appointment or Intake: _____

Notes: _____