

**MEDICINE HAT CRISIS SUPPORT REFERRAL FORM**  
**(Shelter, Utilities, Food, Clothing, Income, Transportation)**

**Fax this page to alert a community partner when making a referral.**

In acting upon the request of \_\_\_\_\_ (print name).

I am referring this person to your agency or organization for assistance with the need that has been identified by him/her, which is: **(check off box)**

\_\_\_\_\_ emergency shelter, rent, security deposit \_\_\_\_\_ food \_\_\_\_\_ income \_\_\_\_\_ clothing  
 \_\_\_\_\_ transportation \_\_\_\_\_ other \_\_\_\_\_

The person identified is: \_\_\_\_\_ known to us, **or** is \_\_\_\_\_ unknown to us. Contact information is:

Phone \_\_\_\_\_ Address: \_\_\_\_\_

I have (verbal, written) consent to refer this individual to your organization.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Referral Source: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

| <b>Agency – Organization</b>                               | <b>Phone</b>               | <b>Fax</b>                 |
|------------------------------------------------------------|----------------------------|----------------------------|
| Medicine Hat Community Housing Society Outreach (MHCHS)    | 527-4507                   | 526-3163                   |
| Salvation Army Family Support Centre (S.A. Resource)       | 526-9699                   | 504-8199                   |
| Medicine Hat Food Bank                                     | 528-4566                   | 528-4381                   |
| Alberta Employment & Immigration Income Support (AEI)      | 529-3550                   | 529-5296                   |
| AEI Labour Market Info Center (New Applicant)              | 529-3683                   | 504-2191                   |
| AISH (Assured Income for Severely Handicapped)             | 529-3550                   | 529-3662                   |
| McMan Youth Shelter                                        | 529-6367                   | 526-0540                   |
| Medicine Hat Women’s Shelter Society                       | 529-1091                   | 526-0209                   |
| AHS Mental Health Community Clinic (CMH)                   | 529-3500                   | 529-3562                   |
| St Vincent de Paul (SVDP) St Pat’s or Holy Family Churches | SP 526-2265<br>HF 527-6933 | SP 526-0058<br>HF 526-2482 |
| REDI Support Coordination Services                         | 526-5742                   | 529-0462                   |

**Questions to ask before making referral:**

- 1) How can I help you?
- 2) What is the issue?
- 3) Do you have a current worker or a worker from the past?
- 4) When last seen by worker?
- 5) Who else have you called?
- 6) Has anyone recently assisted you and how, ie: housing, financially?
- 7) I would like to refer you to \_\_\_\_\_ for \_\_\_\_\_ services.
- 8) Do I have your consent to release your name and contact information?

*This information is confidential and will be used strictly for referral purposes, and will be collected and managed according to FOIP.*