**Immigrant and Refugee Services Referral Form**

Referral Date:

Referred by (Name, org and contact info):

Potential Client Information

Name:

Address:

Phone(s):

Email:

Country of origin:

Date of birth:

Date of arrival/immigration status:

Marital/Family Status:

Are they employed?

Language(s) spoken?

What will they need support with? List the barriers they are experiencing.

Eligibility Status:

* Refugee
* Asylee (once status is granted)
* SIV
* Survivor of Trafficking
* Amerasian
* Cuban/Haitian Entrant

Additional Notes:

Reason for Referral:

* Employment Assistance
* Affidavit of Relationship (AOR)
* Physical Health
* Social or Psychological Difficulties
* Young Adults Without Parents
* Survivor of Sexual/Gender Based Violence
* Survivor of Torture
* Secondary Migrant
* Single Parent
* LGBTI
* Minor
* Elderly
* HIV+