



Square One Community Inc. Referral Form

The Square One Community Inc. referral form can be used to provide general information when clients are requesting support regarding housing, shelter and service connections.

Name of organization referring: _____

Organization Contact: _____

Phone: () _____ Email: _____

Reason for referral

- Housing insecure
- Life Skills programs
- General information and service connections
- Other (please list)

Client contact information

Contact Name (please print)

(First) _____ (Last)

Best way to connect?

- Phone () _____ - _____
- Email _____
- Address

Is this person currently experiencing homelessness?

- Yes
- No

Please provide any other relevant information

Date of follow up: _____(dd)_____ (mm)_____ (yy)

Description of actions taken:

Next steps:

Additional agencies or connections required:

Follow up required? Yes No

Please describe
