

EACH APPLICANT MUST FILL OUT THEIR OWN FORM



MOVING AHEAD COMMUNITY/SELF REFERRAL FORM

This form is intended for the use by community members to refer individuals and families to Moving Ahead Refugee and Immigrant Services, and also for individuals and families **to self-refer** themselves for services. The services are only available to refugees, immigrants and a limited number of citizens who face multiple barriers to their. **If they do not meet specific eligibility criteria they will not be considered for service**, but meeting these minimum criteria does not guarantee services or immediate services.

Referring Individual:

Name		Date of Referral	
Contact Phone		Email	

Information of intended service recipients:

Name of intended service recipient: _____ Date of Birth: _____
DD-MM-YYYY

Address: _____ City: _____

Postal Code: _____ Telephone #: _____

Country of Origin: _____ Date of Arrival in Canada: _____
DD-MM-YYYY

Number of family members:

Adult _____ Young Adult (19-25) _____ Youth (13-18)* _____ Children (under 12) _____

*For youth, ages 13-18:	Are you currently attending school?	If yes, is there an at-risk program in your school?
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Moving Ahead can provide services in the following languages. Please indicate **all appropriate boxes**:

<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> Dari
<input type="checkbox"/> French	<input type="checkbox"/> Kirundi or Kinyarwanda	<input type="checkbox"/> Kurdish
<input type="checkbox"/> Lingala	<input type="checkbox"/> Nuba	<input type="checkbox"/> Pashto
<input type="checkbox"/> Russian	<input type="checkbox"/> Swahili	<input type="checkbox"/> Tigrinya

Other(s) (specify):

Immigration Status

<input type="checkbox"/> Government-Assisted Refugee	<input type="checkbox"/> Privately Sponsored Refugee	<input type="checkbox"/> Refugee landed in Canada
<input type="checkbox"/> Immigrant (any class)	<input type="checkbox"/> Protected Person under IRPA S.95	<input type="checkbox"/> Naturalized Citizen
<input type="checkbox"/> Other (* please specify):	<input type="checkbox"/> Individuals selected by Canada to become a permanent resident and have received a letter from CIC informing him / her of initial approval pending admissibility assessment	

Please indicate the issues/barriers to settlement the individual/family is facing by checking **all appropriate boxes:**

Barriers to Settlement	Hardships/Difficulties	Complex Life Situation
<input type="checkbox"/> Lack of workplace Canadian job skills	<input type="checkbox"/> Unfamiliar with urbanized environment and amenities	<input type="checkbox"/> Experience of violence and trauma
<input type="checkbox"/> Lack of education or interrupted education	<input type="checkbox"/> Cultural shock or cultural dissonance	<input type="checkbox"/> Loss of family due to migration
<input type="checkbox"/> Low literacy	<input type="checkbox"/> Mental health/chronic health issues	<input type="checkbox"/> Protracted refugee camp experience
<input type="checkbox"/> Little or no English	<input type="checkbox"/> Social isolation	<input type="checkbox"/> Large household with many children
<input type="checkbox"/> Single parent household	<input type="checkbox"/> Lack of financial means	<input type="checkbox"/> Street involvement. Criminal engagement

Other(s) (specify):

Consent to Release Information: By signing below you, the **referred individual**, are indicating that you have given permission to the person (i.e. community or family member) to release this information to MOSAIC for the sole purpose of determining your eligibility for Moving Ahead services. If you are referring yourself, your signature indicates your voluntary consent to release this information for the same purpose. This release will be in effect for two years from the date of signature.

Signature: _____ Date: _____

Please fax the completed form for consideration to: MOSAIC, Attention: Program Assistant, Moving Ahead, Fax Number: 604-636-4743 or email it to: movingahead@mosaicbc.com

FOR OFFICE USE ONLY	Date received:	
Serial No.	OCMS No.	C.M.