



## Settlement and Integration Program Client REFERRAL FORM

This form is intended for the use by government ministries, service agencies, non-profits and professionals to refer individuals to *I Belong* Project. *I Belong* provides a free program to welcome LGBTQ newcomers. The activities include: support group, community dialogues and events, mentorship, information and orientation and advisory committee.

Agency Information:			
Name of		Date of	
Referring		Referral	
Agency			
Name of		Position	
Worker			
Telephone Number	Fax Number	Email Address	
Information of intended	l service recipients:		
Name of intended service	recipient:		
Address:		City:	
Postal Code:	Telepho	one #:	
Email address:			
Country of Origin:	Date of	Date of Arrival in Canada:	
	t home:		
Immigration Status			
O Government-Assisted Refugee	O Privately Sponsored Refugee	O Refugee landed in Canada	
O Immigrant (any class)	O Protected Person under IRPA S.95	O Naturalized Citizen	
Other; please specify:		O 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	

years from the date of signature. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Note to Referring Agency**: The signature above is not intended to take the place of your internal release of information process or documentation. Please fax the completed form for consideration to: **MOSAIC, Attention: I Belong,** Fax Number: 604-254-3932 or email it to: <a href="mailto:ibelong@mosaicbc.com">ibelong@mosaicbc.com</a> **FOR OFFICE USE ONLY** Date received: Follow up:

**Consent to Release Information**: By signing below you are indicating that you have given permission to the referring agency to release the above information to MOSAIC for the sole purpose of determining your eligibility for *I Belong*. This release will be in effect for two