Elevate North – Referral Form

1. **Client Information**

Full Name: _____
Preferred Name (if different): _____
Date of Birth: _____
Phone: (If available) _____
Email: (If available) _____

2. **Referral Information**

Referring Agency/Worker: _____
Contact Info: _____
Date of Referral: _____
Is the client aware of this referral?
[ ] Yes [ ] No

3. **Reason for Referral**

(Brief description of why the client is being referred to Elevate North)

_____
_____
_____

4. Current Barriers (check all that apply)

[ ] Substance Use
[ ] Mental Health
[ ] Housing Instability
[ ] Justice Involvement
[ ] Lack of Work History
[ ] Physical Health
[ ] Other: _____

_____
_____
_____
_____
_____

5. Engagement Level

[ ] Initial Contact
[ ] Building Trust
[ ] Engaged
[ ] Taking Action
[ ] Employment Ready
[ ] Unknown

6. Immediate Needs / Priorities

(What support does the client need right now?)

_____
_____
_____

7. Consent to Contact

Has the client given permission for Elevate North to contact them?
[ ] Yes [ ] No