

Date: **YYYY/MM/DD**

Community Outreach Services (COS)

(COS) provides Intensive Case Management and Outreach supports for Yukoners needing assistance with the following:

- Basic needs: food security, safety, finding and maintaining housing and tenancy, finances, and developing independent living skills
- Referrals and connections to community supports: medical, mental health, substance use, employment, financial
- Transitions into community: correctional facilities, hospital, or treatment programs and need supports as listed above to be successful

Note that COS is NOT a housing provider. COS services are voluntary.

Applicant personal information

First name		Last name		Date of birth YYYY/MM/DD
Gender identity (optional)	Telephone	Email address		
Street address				
City	Province/Territory		Postal code	
If no fixed address and difficult to contact, provide possible locations and times where you can be reached				
Is COS able to leave a message for you at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Referral source

Type of referral: <input type="checkbox"/> Self-referral <input type="checkbox"/> Agency referral	
Name of person making referral (if applicable)	
Referring agency (if applicable)	
Agency phone	Agency email
Do you give consent to the referring agency (if applicable) to share your information with Community Outreach Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check off the areas where you feel you need assistance:

Basic needs	Life skills	Health	Justice
<input type="checkbox"/> Food insecurity	<input type="checkbox"/> Finances	<input type="checkbox"/> Substance use	<input type="checkbox"/> Involvement in criminal justice
<input type="checkbox"/> Safety planning	<input type="checkbox"/> Community engagement	<input type="checkbox"/> Mental health	<input type="checkbox"/> Recent release from custody
<input type="checkbox"/> Transportation	<input type="checkbox"/> Family/Social relationships	<input type="checkbox"/> Disabilities	
<input type="checkbox"/> Housing insecurity		<input type="checkbox"/> Chronic conditions	
<input type="checkbox"/> Other: _____			

Are you receiving services or supports from any of the following?	
<input type="checkbox"/> Mental Wellness and Substance Use Services (MWSU)	<input type="checkbox"/> Referred Care Clinic (RCC)
<input type="checkbox"/> Whitehorse Emergency Shelter, 405 Alexander Street	<input type="checkbox"/> Adult Protection Services
<input type="checkbox"/> Blood Ties Four Directions	<input type="checkbox"/> Supervised Consumption site
<input type="checkbox"/> Fetal Alcohol Syndrome Society Yukon (FASSY)	<input type="checkbox"/> Disability Services
<input type="checkbox"/> Victim Services	<input type="checkbox"/> Safe At Home Society
<input type="checkbox"/> Victoria Faulkner's Women's Centre	<input type="checkbox"/> Income Supports Services (YG)
<input type="checkbox"/> CIRNAC Income Support	
<input type="checkbox"/> Other : _____	
Are you on the By-Name List for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you identify as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	
If yes, which First Nation? _____ <input type="checkbox"/> Decline to answer	
Do you give your consent to Community Outreach Services to share your information with the providers you have checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signed statement and consent to share information

- I am providing personal information about myself in order to be considered for Community Outreach Services (COS).
- I understand that my information may be shared between COS, other Health and Social Services Department program areas, or other providers to ensure I am receiving services that will best meet my needs.
- This consent remains effective from the date of signing for a period of one year and can only be collected, used or disclosed in accordance with the *Act*. I understand that I may withdraw or limit my consent at any time by contacting Community Outreach Services at 867-667-3025.
- I acknowledge that additional assessments or information may need to be collected for the purposes of case management and to ensure I am matched with the most appropriate services.
- I understand that every effort will be made to contact me once this application is received by COS. However, if I am unable to be reached, or no longer wish to receive services, my application for services will be closed.

Applicant signature: _____

Date: **YYYY / MM / DD** _____

Send completed forms to: Community Outreach Services
3168 3rd Ave. Whitehorse Yukon,
Y1A 1G3

Phone: (867) 667-3025
Email: COSreferrals@yukon.ca
Fax: (867) 667-5819