

**RICHMOND COMMUNITY CONNECT
SERVING HOMELESS AND AT-RISK INDIVIDUALS
SINCE 2009**

**Richmond Community Connect Relief Fund- Referral Form
(to be completed by referring agency)**

| APPLICANT INFORMATION | |
|---|--|
| Name: | Date of Birth (yy/mm/dd): |
| Housing Status: Home Owner <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Couchsurfing <input type="checkbox"/> | |
| Address: (if applicable) | |
| Income Source: Employed <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Pension (including CPP, OAS/GIS) <input type="checkbox"/> Basic Income Assistance <input type="checkbox"/> PPMB <input type="checkbox"/> PWD <input type="checkbox"/> CPP-D <input type="checkbox"/> No income source <input type="checkbox"/> | |
| SITUATION INFORMATION | |
| Please provide a brief description of what the funds will be used for and why this is an emergency: | |
| Other Resources Sought: MSD Crisis Supplement <input type="checkbox"/> Rent Bank <input type="checkbox"/> Thrift Store Voucher <input type="checkbox"/> Other <input type="checkbox"/> | |
| Outcome: | |
| Actual Cost of Item/Service: \$ | Amount Requested: \$ |
| Requested Format of Funds: Cheque to referring agency <input type="checkbox"/> Gift Card <input type="checkbox"/> Funds paid directly to service (e.g. landlord, store, etc.) <input type="checkbox"/> | |
| REFERRING AGENT INFORMATION | |
| Agency Name: | Contact Name: |
| Phone Number: | E-mail: |
| <input type="checkbox"/> I confirm that the applicant is low-income and has no other resources to meet their need | |
| FOR OFFICE USE ONLY | |
| Application received (yy/mm/dd): | |
| Committee Met By: Phone <input type="checkbox"/> <input type="checkbox"/> E-mail | Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/> |
| Reason (if denied): | |
| Amount Approved: \$ | |
| Funds Issues By: Cheque to referring agency <input type="checkbox"/> Gift Card <input type="checkbox"/> - Store Name _____ Funds paid directly to service <input type="checkbox"/> - Name of Service _____ | |
| Referring Agent Notified By: | Date (yy/mm/dd): |