




**Community Connections**  
Community Connections Society of Southeast BC

CLIENT APPLICATION / REFERRAL  
HOUSING CONNECT  
CRANBROOK/KIMBERLEY

<b>APPLICANT'S NAME:</b> _____  Preferred name: _____		Application date: _____  Language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Other If other, which language? _____	
Address: _____		Postal Code: _____	
Phone: _____		Applicant's age: _____	
Email: _____		Date of birth: (M/D/YY) _____	
Gender identity: _____  <input type="checkbox"/> Aboriginal Status <input type="checkbox"/> Metis <input type="checkbox"/> (other): _____		Any pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and how many? _____  Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Referred by</b> (name, organization, position)  Relationship to applicant: _____		Phone ( <u>h</u> ome, <u>w</u> ork and/or <u>c</u> ell?) _____  Email: _____	
If referred by someone other than the applicant: Does the applicant know about the Housing Connect Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant given permission for Housing Connect to call? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for referral:   			
Please share any information or safety concerns:   			
<b>Type of Housing</b> <input type="checkbox"/> House/mobile <input type="checkbox"/> In-home suite <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/townhouse <input type="checkbox"/> Assisted living <input type="checkbox"/> No fixed address		Does applicant live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No- if "No", with whom?	
Physician: _____		Phone (or clinic name): _____	
Send to: <b>Michelle Evans</b> <b>Fax: 250.426.2978</b> or <b>housingconnect@ccssebc.com</b>		You can also mail or hand-deliver to <b>Housing Connect Coordinator</b> <b>209A - 16<sup>th</sup> Ave N</b> <b>Cranbrook BC, V1C 5S8</b>  250.919.2991	