



## Moving Ahead Referral Form

This form is intended for the use by community members to refer individuals to Moving Ahead Immigrant Services, and also for individuals to self-refer themselves for services. The services are only available to immigrants and a limited numbers of citizens who face multiple barriers to their adaptation to a new country. If they do not meet specific eligibility criteria they will not be considered for service, also meeting these minimum criteria does not guarantee immediate services.

**Referred by :**

<b>Name of the person referring:</b>	<b>Date of Referral:</b>
<b>Name of the Agency:</b>	
<b>Contact Phone:</b>	<b>Email:</b>

**Client Information:**

Name _____
Address: _____
City: _____ Postal Code: _____ Telephone #: _____

**Immigration Status:**

<input type="checkbox"/> Government-Assisted Refugee	<input type="checkbox"/> Privately Sponsored Refugee	<input type="checkbox"/> Refugee landed in Canada
<input type="checkbox"/> Immigrant ( any class)	<input type="checkbox"/> Protected Person under IRPA S.59	<input type="checkbox"/> Naturalized Citizen
<input type="checkbox"/> Other ( * please specify): _____	<input type="checkbox"/> 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	

Please indicate the issue/ barriers to settlement:

<b>Barriers to Settlement</b>	<b>Hardships/Difficulties</b>	<b>Complex Life Situation</b>
<input type="checkbox"/> Lack of workplace	<input type="checkbox"/> Unfamiliar with urbanized environment and amenities	<input type="checkbox"/> Experience of violence and trauma
<input type="checkbox"/> Lack of education or interrupted education	<input type="checkbox"/> Cultural shock or cultural dissonance	<input type="checkbox"/> Loss of family due to migration
<input type="checkbox"/> Low literacy	<input type="checkbox"/> Mental health / chronic health issues	<input type="checkbox"/> Protracted refugee camp experience
<input type="checkbox"/> Little or no English	<input type="checkbox"/> Social isolation	<input type="checkbox"/> Large household with many children
<input type="checkbox"/> Single parent household	<input type="checkbox"/> Lack of financial means	<input type="checkbox"/> Street involvement. Criminal engagement

**Other(s) (specify):**

---

To be able to provide services in first language please indicate languages spoken by clients in all appropriate boxes:

<input type="checkbox"/> French	<input type="checkbox"/> Dari
<input type="checkbox"/> Swahili	<input type="checkbox"/> Farsi
<input type="checkbox"/> Kirundi or Kinyarwanda	<input type="checkbox"/> Lingala

**Other(s) languages spoken (specify):**

---

Consent to Release Information: By signing below you, the referred individual, are indicating that you have given permission to the person (i.e. community of family member) to release this information to Burnaby Family Life for the sole purpose of determining your eligibility for Moving Ahead services. If you are referring yourself, your signature indicates your voluntary consent to release this information for the same purpose. This release will be in effect for two years from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed form for consideration to: BFL, Attention: Program Assistant, Moving Ahead, Fax Number: 604-299-7910 or email it to: [ozubkova@burnabyfamilylife.org](mailto:ozubkova@burnabyfamilylife.org)