COMMUNITY OUTREACH SERVICES

APPLICATION

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 or 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? ☐ Yes ☐ No			

Referral source	
Type of referral: ☐ Self-referral ☐ 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 exchange information with Community Outreach Services? ☐ Yes ☐ No	

Check off the areas where you feel you need assistance:

☐ Food insecurity	☐ Employment	☐ Substance use	☐ Develop independent living skills
☐ Safety planning	☐ Finances	☐ Mental health	☐ Transition back into community
☐ Housing insecurity	☐ Community connections	☐ Disabilities	☐ Involvement in criminal justice
☐ Education	☐ Family/Social relationships	☐ Chronic conditions	
☐ Other: _____			

Are you receiving services or supports from any of the following?

- ☐ Adult Protection Services
- ☐ Council of Yukon First Nations
- ☐ Fetal Alcohol Syndrome Society Yukon (FASSY)
- ☐ First Nations Health Programs
- ☐ Home Care Program
- ☐ Medical Clinic: _____
- ☐ Blood Ties Four Directions / Supervised Consumption Site
- ☐ Mental Wellness and Substance Use Services (MWSU)
- ☐ Paramedic Response Unit (PRU)
- ☐ Referred Care Clinic (RCC)
- ☐ Safe At Home Society
- ☐ Whitehorse Emergency Shelter, 405 Alexander Street
- ☐ Yukon Healthy Living Program
- ☐ Income Assistance
  If yes, choose one: ☐ CIRNAC ☐ First Nation ☐ Yukon Government
- ☐ Other : _____

Are you on the By-Name List with Safe at Home Society for housing? ☐ Yes ☐ No ☐ I don't know

Do you identify as Indigenous? ☐ Yes ☐ No ☐ Decline to answer

If yes, which First Nation? _____ ☐ Decline to answer

Are you Metis? ☐ Yes ☐ No

Are you Inuit? ☐ Yes ☐ No

Do you give your consent to Community Outreach Services to exchange your information with the providers you have checked? ☐ Yes ☐ 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

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