ELIZABETH FRY
SOCIETY OF OTTAWA

311-211 Bronson Ave, Ottawa ON, K1R 6H5
Tel: 613.237-7427 Fax: 613-237-8312
www.efryottawa.com

COMMUNITY REFERRAL FORM

Elizabeth Fry Society of Ottawa

The Elizabeth Fry Ottawa provides programs and services to women and gender-diverse individuals who are justice-impacted.
Do you have current or prior involvement in the criminal justice system?

◯ Yes ◯ No

Program and Service Request

What type of program or support are you seeking?

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Personal Information

Full Name:

Contact Number:

Preferred Name/Nickname:

Email:

Date of Birth:

Address:

Gender Identity:

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Employment Status:

Pronouns:

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Referral Source:

Indigenous Identity:

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Mandated Participation:

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Information collected on this form will be kept confidential and used only for the purpose of processing your referral. For more information, contact the Manager of programs and Services.

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Program Availability

Check all that apply:

Day Availability:

- [ ] Mornings
- [ ] Afternoons
- [ ] Evenings

Service Delivery Method:

- [ ] In-person
- [ ] Virtual
- [ ] No preference

Weekday Availability:

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

Contact Preference:

--

Is it safe to leave a voicemail?

◯ Yes ◯ No

Do we have permission to say the name of our organization when calling?

◯ Yes ◯ No

Background Information

Mental Health:

Have you ever been diagnosed with or experienced mental health challenges?

◯ Yes ◯ No

If yes, please describe or explain:

Are you currently connected to any mental health supports?

◯ Yes ◯ No

If yes, please describe what supports:

Substance Use:

Have alcohol or other substances played a role in your life in the past 12 months?

◯ Yes ◯ No

If yes, please describe or explain:

Are you currently or have you ever received support for substance abuse?

◯ Yes ◯ No

If yes, please describe:

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Supports & Resources

Do you currently need additional support in any of the following areas?

- [ ] Housing
- [ ] Food Security
- [ ] Financial Assistance
- [ ] Employment / Job Training
- [ ] Education
- [ ] Mental Health
- [ ] Substance Use / Addictions Support
- [ ] Legal Information
- [ ] Cultural / Community Connection
- [ ] Other:

Are you currently connected to any community supports?

◯ Yes ◯ No

If yes, please describe what supports:

Needs & Accommodations:

Do you have any learning difficulties or educational barriers that you wish to share?

◯ Yes ◯ No

If yes, do you require accommodations (reading support, extra time, written materials, etc.)?

◯ Yes ◯ No

If yes, please describe what accommodations would help:

** We will do our best to accommodate your preferences, however this cannot be guaranteed.*

Letter of Participation:

Will you require a letter confirming participation?

◯ Yes ◯ No

Deadline or special requirements for letter:

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Additional Information

Are there any legal supports that you want us to be aware of (for example: probation officer, parole officer, lawyer, or case worker)?

If yes, please provide their name, role, and contact information.

Are there any barriers that might prevent you from completing this program?

Is there anything about your identity, culture, or lived experience you want facilitators to understand?

What do you hope to gain from participating?

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Is there any additional information you would like to share with program staff?

Consent & Acknowledgment

By signing below, I acknowledge that:

- [ ] I understand participation is voluntary.
- [ ] Program staff may share participation information if required by law.

Participant Name:

Signature:

Date:

SAVE AS...

CLEAR