



**CONFIDENTIAL**

**Honour House Society**

509 St. George Street New Westminster, BC V3L 1W1 Tel: 778-397-4399 Fax: 778-397-4396 e-mail: admin@honourhouse.ca

**REFERRAL FORM**

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

**Applicant Information:**

Name: \_\_\_\_\_

Organization or Service: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Accompanying family members staying at Honour House:** (if a child, please provide age)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have any prospective guests had recent exposure to an infectious disease or contagious illness, which might compromise an individual with a lowered immune system? Yes  No

**Referring Agency Information:**

Name of Referral Agent: \_\_\_\_\_

Rank or Title: \_\_\_\_\_

Unit/Station/Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

The applicant has recognized a need for medical care in Metro Vancouver

Signature of Referral Agent: \_\_\_\_\_

**Guests will be admitted according to eligibility, room availability and acceptance of the Agreement and Conditions of Stay. Please be advised that pets are not permitted; smoking is not permitted inside Honour House; alcohol & illegal drugs are not permitted.**

**Honour House Staff Only – Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_