Moving Ahead Program (MAP)
13520 78th Ave
Surrey, BC V3W 8J6
Program Manager: Anas Najim
Mobile: 604-803-0286
Email: anas.najim@options.bc.ca

INTERNAL & EXTERNAL REFERRAL FORM

INFORMATION OF REFERRED CLIENT							
Client's Name: Last		First:					
Preferred Name: Languages spoken at home:		Age:		Gender: _____ Gender Pronoun: _____			
Current Address:							
City:		Postal Code:		Telephone #:			
Country of Origin:		Date of Arrival:					
Adults:		Youth (13-18):		Children (under 12)			

IMMIGRATION CLASS		
☐ Government Assisted Refugee	☐ Privately Sponsored Refugee	☐ Family Sponsorship
☐ Other Refugee Class	☐ Federal Skilled Worker Program	
☐ Other (* please specify):		

BARRIERS/CHALLENGES	
☐ Little formal education or interrupted education	☐ Lack of life skills relevant to an urbanized environment
☐ Large household with many children	☐ No or very little English language or communication skills
☐ Loss of family/family separation due to migration	☐ Gender subordination/gender role conflict within the household
☐ Diagnosed or disclosed mental health issues	☐ Legal advocacy and representation needs
☐ Disclosed family violence or abuse	☐ Social isolation/lack of social support
☐ Intergenerational conflict	☐ Pre-arrival violence/trauma
☐ Cultural shock or cultural dissonance	☐ Chronic illness
☐ Symptoms of depression	☐ Difficulty accessing appropriate childcare
☐ Family reunification/sponsorship	☐ Immediate financial shortage ☐ Long-term financial shortage
☐ Unsuitable accommodation (Mobility and/or mental health needs) ☐ Inappropriate accommodation due to family size	☐ Unaffordable accommodation ☐ Need for shelter/facing eviction

Other (specify):

Reasons for a referral (please specify)

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REFERRING AGENCY INFORMATION			
Name:		Date of referral:	
Phone number:		Email:	
Agency:			

By signing this form, I, _____(PRINT NAME) indicate that I understand its contents.	
Client's signature:	Date:
Referring Agency's signature:	Date:

This referral form is intended for use by The Moving Ahead Program, at Options Community Services. Please note that while all individuals are welcome to apply, only those who meet specific eligibility criteria will be considered for assistance through this program. Those who do not qualify may be referred to alternative programs within Options Community Services that better meet their needs.

FOR OFFICE USE ONLY	**Date received:**	
Serial No.	**OCMS No.**	**C.M.**

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