

**LA VERENDRYE NON-PROFIT
SUPPORTIVE HOUSING CORPORATION**

532 Front St. Fort Frances, On

A DIVISION OF RIVERSIDE HEALTH CARE
110 Victoria Ave., Fort Frances, Ontario P9A 2B7

REFERRAL INFORMATION

NAME, ADDRESS AND PHONE NUMBER OF PERSON BEING REFERRED:

NAME: _____

ADDRESS: _____

PHONE: _____

Self Referral: _____ **or Agency\Community Referral:** _____

Is the Referred Individual aware of this referral: yes no

Program you are making the Referral to:

Landlord\Tenant Units

Transitional Housing

Community Service Management

Date of Referral: _____

Signature and contact number of Referring Individual

Signature _____

Contact number _____

Description of Services

- **Landlord\Tenant Units** (locations Front St. Manor, Church St., 8th St.)
Rent Geared to income support within housing serving specific need: Psychiatrically, developmentally, physically challenge and the frail older adult. 18+.
- **Transitional Housing** (Nelson House). Short Term (2 week) and Long Term (12 month) accommodations\program for individuals living with a mental health issue. 18+
- **Community Service Management** (Community Support): Provides Community based service to individual exhibiting psychiatric symptoms. 18+