



*Each applicant must fill-out their own form

En Route Program

Community & Self-Referral Form

This form is intended for the use by community members to refer individuals and families to KIS En Route program, and also for individuals and families to self-refer themselves for services. The services are only available to refugees, immigrants and a limited number of temporary foreign workers, international students and citizens who face multiple barriers to their settlement . If they do not meet specific eligibility criteria they will not be considered for service, but meeting these minimum criteria does not guarantee services or immediate services.

Referring Agency Information:

Name of Referring Agency (if applicable) :	Date of Referral:
Name of referring Individual or Agency Staff:	Contact phone number:
Position (if applicable):	Email address:

Information of intended service recipients:

Full Name: _____	Date of Birth: _____
First/Given Middle Family/Surname (Last name)	(yyyy-mm-dd)
Address: _____	City: _____ Postal Code: _____
Telephone: _____	Email: _____
Country of Origin: _____	Date of arrival in Canada: _____
	(yyyy-mm-dd)
First Language: _____	Preferred Official Language: <input type="radio"/> English <input type="radio"/> French
Number of family members:	
Adult _____ Young Adult (19-25) _____ Youth (13-18)* _____ Children (under 12) _____	

Immigration Status: (Choose one)

<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Government-Assisted Refugee	<input type="checkbox"/> Protected Person under IRPA S.95
<input type="checkbox"/> Naturalized Canadian citizen	<input type="checkbox"/> Privately Sponsored Refugee	<input type="checkbox"/> International Student
<input type="checkbox"/> Temporary Foreign Worker	<input type="checkbox"/> Individuals selected by Canada to become a permanent resident and are pending admissibility assessment by IRCC	<input type="checkbox"/> Other (please specify):

Indicate the issues/barriers to settlement the individual/family is facing y checking all appropriate boxes:

Barriers to Settlement	Hardships/Difficulties	Complex Life Situation
<input type="checkbox"/> Lack of workplace Canadian job skills	<input type="checkbox"/> Unfamiliar with urbanized environment and amenities	<input type="checkbox"/> Experience of violence and trauma
<input type="checkbox"/> Lack of education or interrupted education	<input type="checkbox"/> Cultural shock or cultural dissonance	<input type="checkbox"/> Loss of family due to migration
<input type="checkbox"/> Low literacy	<input type="checkbox"/> Mental health/chronic health issues	<input type="checkbox"/> Protracted refugee camp experience
<input type="checkbox"/> Little or no English	<input type="checkbox"/> Social isolation	<input type="checkbox"/> Large household with many children
<input type="checkbox"/> Single parent household	<input type="checkbox"/> Lack of financial means	<input type="checkbox"/> Street involvement Criminal engagement

Other(s) (specify):

Consent to Release Information: By signing below you, the **referred individual**, are indicating that you have given permission to the person (community or family member) to release this information to KIS for the sole purpose of determining your eligibility for En Route program. If you are referring yourself, your signature indicates your voluntary consent to release this information for the same purpose. This release will be in effect for two years from the date of signature.

Signature: _____ Date: _____
(not needed with electronic submission)

Please fax or email the completed form for consideration to: KIS, Attention: **En Route Navigator**,
Fax Number: 778-470-6102 or email: liza@kcris.ca