PEER HOUSING SUPPORT PROGRAM PEER CONNECTION FORM



The information that you provide on this form will help to connect you with a Peer Support Worker. All information that you choose to share on this form will be kept in strict confidence between yourself as a Peer, your Community Support Worker, and the Peer Housing Support Team.

| Peer | | Community Support Worker (if you have one) Name: | | | | | | | | |
|--------------------------------|----------------------|---|--|--------------------------|----------------------|---------------------------|------------------------|-------------------|------------------------|-----------|
| Name: | | | | | | | | | | |
| Email: | | | | Email: | | | | | | |
| Phone Number | Phone Number: | | | | | | | | | |
| How do you | cted? | How do you prefer to be contacted? | | | | | | | | |
| Phone Email | Text | Facebook m | nessenger | Phone | Email | Text | Faceboo | k mess | enger | |
| Can your pee or someone e | | | ontact your comm nt to you? | nunity sup | port wo | orker | | Yes | ☐ No | □ NA |
| important to | you, wo | ould you like | ity support worke them to be able upport worker, as | to mainta | in open | 1 | | Yes | □ No | □ NA |
| | upport yo | ur personal ne | estions to appropriate eeds. Please rememl idatory and does not | ber that sha | aring any | of the f | ollowing p | ieces o | f personal | |
| orovide you v worker who id | vith spe dentifie | ecific cultura s as Indiger | s on our team wh al support. Would nous? (<i>Please note</i> <i>is preference, but</i> w | d you pre :: we are n | fer to b ot alway | e supp <i>s able</i> : | oorted by to connec | , a pe t you v | er suppo vith a Pee | ort er |
| Yes | | No | | | | | | | | |
| | ays able | to connect y | ce for who you wou with a Peer Suppour requests.) | | | | | | | |
| Yes Plea | se Specif | | | ☐ No | | | | | | |
| | - | | en the ages of 16 identifies as a yo | | would y | ou pre | efer to be | supp | orted by | / |
| Yes | | No | □ NA | | | | | | | |
| | | | 6+ community, wo the community? | ould you | prefer t | o mee | et with a p | oeer s | support | |
| Yes | | No | □ NA | | | | | | | |



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What days of the week and times of day are you available to meet with a Peer Support Worker? **MORNING AFTERNOON EVENING** Tuesday Wednesday Thursday Friday ☐ Saturday Sunday It is up to you and your Peer Support Worker to agree when you both would like to meet. Sometimes it can be beneficial to be supported by a Peer Support Worker who has Lived Experience in the areas of mental illness and substance use. Is there any information you would like to share that can help your Peer Support Worker to better support you in these ways? In what neighbourhood or municipality would you like to meet with your Peer Support Worker? Is there anything else you would like your Peer Support Worker to know before you meet, or anything else you would like to share in more detail about regarding the previous questions? Do you have any questions about connecting with a Peer Support Worker?