



Elora House Residential Program Referral Form

The following form is to be completed by the applicant together with the support of the referring agency worker. We understand that some questions are very personal and may be difficult to answer. Please know that all information collected on this form will be kept confidential. Please email the completed referral form to rprogrammanager@ercf.ca and someone from Elora House will reach out to you to schedule an intake interview with the applicant.

Elora House is a long term residential program for female identifying survivors of human trafficking and sexual exploitation. Elora House is a holistic program that addresses physical and mental health, emotional health, wise decision-making, self-care, hygiene, eating and exercising for healthy living, home care/responsibilities, individual therapy, educational opportunities, and developing and maintaining healthy relationships.

Eligibility Requirements

- The applicant must be age 14 years and up
- The applicant must be completely detoxed from all drugs and alcohol, including marijuana before entering the Elora House Residential Program. Elora House accepts applicants who are currently taking Suboxone
- The applicant has experienced human trafficking or sexual exploitation (recent or historical) and has a desire to exit
- The applicant must not currently be involved in the sex industry
- The applicant must be willing to live in the Elora House home as a guest and follow all house guidelines, respect staff, and participate in all programming activities

Referring Agency Information

Date of Referral: _____ Agency Name: _____

Agency Contact Name: _____ Number: _____

Email: _____

How long have you known the applicant? _____

In what capacity? _____

Applicant Information

Legal Name: _____ Date of Birth: _____

Preferred Name (if applicable): _____

Gender: _____ Preferred Pronouns: _____

Email Address: _____

Phone Number: _____ Best way to contact: Call Text



Preferred Language: _____

Current Living Situation: With Perpetrator Emergency Shelter Alone

With Family Residential Treatment Other: _____

What city or area are you currently residing in: _____

Please check the ID that you currently have in your possession:

Birth Certificate Health Card Driver's License Provincial ID Card

Do you have any children? Yes No How many? _____

Status of children: _____

If Children's Aid is involved:

Workers name: _____ Phone Number: _____

Strengths

What do you consider to be your greatest strength(s)?

What do you consider to be your most recent achievement?

Do you have positive community or family supports? If yes, please explain:

Physical and Mental Health

Do you currently have a primary health care provider? Yes No

Name: _____ Phone Number: _____

Health Card Number: _____

Do you have any medical conditions or concerns? Yes No

Do you have any immediate health concerns? If yes, please describe:

Do you have any allergies? Yes No Do you require an Epi-pen? Yes No



Please list your current medications:

Current Pharmacy: _____ Location: _____

Do you have any upcoming/continuous medical appointments you would need to continue attending while at Elora House? If yes, please describe where and how often.

Have you ever received a mental health or behavioural diagnosis? Yes No

If yes, please describe:

Do you use self-harm as a way to cope? Yes No

Cutting Burning Disordered Eating Asphyxiation Other: _____

In the last year have you: Had suicidal thoughts Attempted to end your life

Have you been hospitalized in the last year? Yes No

If yes, please describe:

Substance Use

Do you currently use any substances? Yes No

Please list your substances of choice: _____

Approximately when did you last use? _____

Have you ever attended a detox program before? Yes No

Have you ever attended a residential addiction treatment program? Yes No

If yes, please list the program(s), the length, and when you attended:

Education & Income

Are you currently enrolled in an education program? Yes No

If yes, please describe: _____

Do you hope to continue with your education while at Elora House? Yes No

Do you currently have a legal source of income? Yes No

If yes, please specify:

Employed OW ODSP Employment Insurance Other: _____

If no, have you considered pursuing support from OW or ODSP? Yes No

**Please be aware that you will be required to have some form of income during your stay at Elora House, including OW or ODSP.*

History of Exploitation

How long ago did trafficking or exploitation occur?

Less than 3 months ago Less than 6 months ago 1 year ago 1+ year ago

Is the applicant still in contact with anyone known from their trafficking/exploitative situation (i.e. former johns, trafficker(s), other exploited persons, etc.)? Yes No

Date of last contact: _____

Do you feel that your safety is currently at risk? Yes No

Please provide the name(s) of the people/person who were trafficking/exploiting you. *Please note we only need this information as a safety precaution to ensure that none of the survivors currently residing in the home have the same trafficker.*

Do you have any safety concerns you would like to share related to your trafficker?

Safety & Legal

Do you have any current legal issues or upcoming court dates? Yes No

If yes, please describe:

Do you have legal support? Yes No

Are you currently on probation? Yes No

If yes, please describe if your conditions would interfere with a community living situation?

Do you have any warrants or pending charges in any province and/or region? Yes No

If yes, please describe:

Community Supports & Service Provider Information

Type of Support	Name	Contact Information
Victim Service Worker		
Mental Health Clinician		
Trauma Therapist		
Addiction Counsellor		
OW		
ODSP		
Probation Officer		
Police Services		
Legal Support (ex. VWAP)		
Other		