



# Wendat Community Programs

P.O. Box 832, 237 Second Street Phone: ( 705) 526-1305  
 Midland, Ontario, Canada L4R 4P4 Fax: (705) 526-9248

## **Housing Registry Referral Form**

Please fax a signed consent form to: **Program Supervisor at 526-9248 x 226** \*Consent provided: Yes  No

REFERRAL DATE: \_\_\_\_\_ REFERRAL SOURCE: \_\_\_\_\_

REFERRAL SOURCE'S CONTACT INFORMATION: \_\_\_\_\_

FULL NAME (*incl. middle name & alias*): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE CONTACT #: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

PREFERRED LANGUAGE OF COMMUNICATION: \_\_\_\_\_ LANGUAGE AT BIRTH: \_\_\_\_\_

MENTAL HEALTH DIAGNOSIS: \_\_\_\_\_

OTHER COMMUNITY AGENCY INVOLVEMENT: \_\_\_\_\_

REASON FOR REQUESTING SUPPORT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREFERRED TYPE OF ACCOMMODATION: \_\_\_\_\_ (room, bachelor, 1 bedroom, 2 bedroom, etc.)

PREFERRED LOCATION(S): \_\_\_\_\_

TENTATIVE DISCHARGE DATE (if applicable): \_\_\_\_\_ PREFERRED MOVE IN DATE: \_\_\_\_\_

NOTICE GIVEN? : Yes No N/A INCOME SOURCE: \_\_\_\_\_ TOTAL MONTHLY INCOME: \_\_\_\_\_

MONTHLY RENTAL BUDGET (INCLUSIVE): \_\_\_\_\_ HAS AN OT ASSESSMENT BEEN COMPLETED?: \_\_\_\_\_

PRESENT/PREVIOUS HOUSING SITUATIONS: (*ie: group home, living with spouse or parent, rooming house, independent living, incarcerated, etc.*) \_\_\_\_\_

ACCESS TO LAST MONTH'S RENT?: Yes No N/A ELIGIBLE FOR HOUSING RETENTION FUND? Yes No N/A

**DOES THE PERSON:**

REQUIRE PARKING? \_\_\_\_\_ ARE THEY A SMOKER: \_\_\_\_\_ REQUIRE FURNISHINGS? \_\_\_\_\_ HAVE PETS? \_\_\_\_\_

Revised Aug. 2016

SPECIAL CONSIDERATIONS: *(ie: mobility issues, literacy difficulties, medical issues, etc.)* \_\_\_\_\_

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ALERTS/RISK FACTORS: *(ie: substance abuse, involvement with the law, risk to others, risk to self, etc.)* \_\_\_\_\_

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ADDITIONAL COMMENTS: \_\_\_\_\_

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