# Coordinated Intake Referral Form

**Forward completed forms by email to housingfirstreferral@empowersimcoe.ca, or by fax to 705-726-6875**

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| **History of Homelessness** |
| **[ ]**  | **Currently Experiencing Homelessness**  | **[ ]**  | **Chronically Homeless** | **[ ]**  | **Episodically Homeless**  | **[ ]**  | **Frequent Shelter**  | **[ ]**  | **Motel Voucher System** |
| **[ ]**  | **LGBTQ2S** | **[ ]**  | **Indigenous (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **[ ]**  | **Domestic Violence**  | **[ ]**  | **Youth 16yrs – 24yrs**  | **[ ]**  | **Human Trafficking** |
| **Include number of years homeless, amount of time in shelter within the past year, length of unsheltered homelessness, length of couch-surfing, if a family – together or separate:****Current Sleeping Situation:****[ ]  Emergency Shelter   [ ]  Outside    [ ]  Hospital [ ]  Correctional Institute    [ ]  Couch Surfing****[ ]  Child Protective Services [ ]  Mental Health Facility [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Previous Sleeping Situation:****[ ]  Emergency Shelter   [ ]  Outside    [ ]  Hospital [ ]  Correctional Institute    [ ]  Couch Surfing****[ ]  Child Protective Services [ ]  Mental Health Facility [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Participant Information** |
| **Intake Date:** | **Previous Housing First Participant? [ ]  YES   [ ]  NO** |
| **Participant’s Name:**  | **D.O.B.:**  |
| **Gender Identity:** | **Age:** |
| **Co-Participant / Spouse Name:** | **D.O.B.:** |
| **Gender Identity:** | **Age:** |
| **Dependents**  | **If Child in Custody** |
| **Name:**   | **D.O.B.:**  | **School:**  |
| **Name:** | **D.O.B.:** | **School:** |
| **Name:** | **D.O.B.:** | **School:** |
| **Name:** | **D.O.B.:** | **School:** |
| **Name:** | **D.O.B.:** | **School:** |
| **An explanation of the Housing First Program has been provided to the participant Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **An explanation of the Intake Process has been provided to the participant Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SPDAT****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Version:\_\_\_\_\_\_\_\_    Score:\_\_\_\_\_\_** | **Name and Contact Information for person who administered the Full SPDAT (if different from person submitting form)** |
| **Housing Considerations** |
| **Housing Type Preferred:** |
| **Housing Size Required:** |
| **Preferred Location Within City/Town:** |
| **Accessibility Considerations:** |
| **Specific Support Considerations:** |
| **Barriers to Housing:** |

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| **Participant’s Contact Information** |
| **Telephone Number:** |
| **Email Address:** | **If no contact method available, is there someone else we can pass messages through:****[ ]  YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ]  NO** |

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| **Referring Information** |
| **Agency/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number(s): Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **How long have you known the participant: (length of time involved with referring agency)****Reason for Referral (Short Narrative):****Plan to continue involvement with participant [ ]  Yes [ ]  No** |
| **Current Services:**  |

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| **Consent** |
| **Please have the individual being referred sign below indicating consent for referral.** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Participant’s Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Co-Participant’s Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring Agency Staff’s Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring Agency Supervisor Signature** |