



| | |
|---------------------------------|------------------------------|
| Prioritization Table Use | |
| File #: _____ | <input type="checkbox"/> RRH |
| Assigned To: _____ | |
| Date Assigned: _____ | |

Rapid Re-Housing Program Coordinated Intake Referral Form

Forward completed forms by secured email to housingfirstreferral@empowersimcoe.ca

| Participant Information | | |
|--|--|---------|
| Intake Date: | | |
| Participant's Name: | D.O.B.: | |
| Gender Identity: | Age: | |
| Co-Participant / Spouse Name: | D.O.B.: | |
| Gender Identity: | Age: | |
| <input type="checkbox"/> LGBTQ2S <input type="checkbox"/> Indigenous (specify): _____ <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Youth (16yrs – 24yrs) <input type="checkbox"/> Human Trafficking | | |
| 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: _____ | | |
| <u>SPDAT</u> Date: _____ Version: _____ Score: _____ | Name and Contact Information for person who administered the Full SPDAT (if different from person submitting form) | |

Current Housing Situation

- Risk of Homelessness
- Emergency Shelter
- Couch Surfing
- Motel Voucher Program
- Other (specify) _____

Details outlining risk of homelessness or acute situation leading to homelessness:

Eligibility

Vi-SPDAT Score:

- PR Vi-SPDAT (11-22)
- Individual Vi-SPDAT (4-7)
- Family Vi-SPDAT (4-8)
- Youth Vi-SPDAT (4-7)

Assessment Indicators

- The individual or family is at risk of losing housing with no appropriate subsequent housing options available (would otherwise be seeking themselves)
- The individual or family is living within Simcoe County or migrating to Simcoe County
- The individual or family has the financial capacity to maintain fair market housing after the program subsidy has ended
- The individual or family lacks sufficient resources and support networks necessary to retain housing without support from the Rapid Re-Housing Program

Evidence of Sustainability (at time of exit from program):

Participant's Contact Information

Telephone Number:

Email Address:

If no contact method available, is there someone else we can pass messages through:

- YES: _____
- NO

Referring Agency Information

Agency/Program: _____ Referring Staff: _____

Phone Number(s): Office _____ Mobile: _____

Email Address: _____ Region of Referral: _____

Current Services:

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