

Housing Stability Referral Form

Woodstock

Ingersoll

Tillsonburg

Referred by:	Referral Contact Info:	Date:
Agency:	Follow up to the referral source required Yes <input type="checkbox"/> No <input type="checkbox"/>	Received:
First Name:	Last Name:	Phone Number: Leave Message Yes <input type="checkbox"/> No <input type="checkbox"/>
DOB (M/D/Y):	Gender:	H. Seeking <input type="checkbox"/> Eviction <input type="checkbox"/> H. Stability <input type="checkbox"/> H. Prev <input type="checkbox"/>
Current Address:		
SOI: <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> EI <input type="checkbox"/> Part Time Work <input type="checkbox"/> Full Time Work	<input type="checkbox"/> CPP/CPDP <input type="checkbox"/> OAS <input type="checkbox"/> Child Tax <input type="checkbox"/> None <input type="checkbox"/> Other	Case Worker: Consent: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please attach consent)</i>
		Total Monthly Income:
		Total Monthly budget for housing:
Email Address:	Would you like to be added to the weekly vacancy email: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Currently staying at The Inn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Utilized CHPI in the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sleeping Outdoors? Yes <input type="checkbox"/> No <input type="checkbox"/>	Couch Surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		

For Office Use Only	
Referral Reason: <input type="checkbox"/> Prevention <input type="checkbox"/> Diversion <input type="checkbox"/> Rapid-Rehousing <input type="checkbox"/> Other:	Notes:
Housing Stability Worker:	Date: