



HOMELESSNESS PREVENTION PROGRAM (HPP) REFERRAL Crisis Centre referral form

Date of Referral:

Referred by:

FOR CAN partners only: CAN Consent Completed Client Profile in HIFIS

Agency Referrals:

Agency Name:
Worker Name:
Contact #:
Contact Email:

Income Source:

O.W. or O.D.S.P Member ID:
 Other

APPLICANT INFORMATION

Last Name:	First Name:	Date of Birth:
Address:	Email:	Contact #:

CURRENT HOUSING STATUS

Currently Homeless at Shelter Currently Homeless other At Risk of Homelessness

REQUESTS: (Last Month's Rent, Moving Costs, etc.)

Item	Amount	Documents (Intent to Rent, eviction notice, 2 estimates)	Attached	Requested
	\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$			

INCOME DETAILS

OW \$	ODSP \$	Trillium\$
GST (divided per month) \$	Climate action Incentive (divided per month) \$	Child Support \$
CPP/ CPP-D \$	OAS \$	Employment \$ /m
WSIB \$	CAS \$	EI \$
Child Tax \$	Pension \$	Other type , \$ /m

EXPENSES

Rent \$	Hydro \$	Gas \$
Telephone \$	Debts \$ /m	Insurance \$
Transportation	Car payments \$	Other type , \$

DETAILS/REASON FOR REFERRAL (PLEASE COMPLETE IN DETAIL)

**Please email fully completed referral form and any documentation to the Homelessness Prevention Navigators (HPN) at:
DNSSAB.HPP@dnssab.ca with "HPP" in the 'Subject' line.
HPN contact number: 705-474-2151 x 45588**