# 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** |