



HOMELESSNESS PREVENTION PROGRAM (HPP) REFERRAL

Date of Referral:

Referred by: Self Agency

Mandatory FOR CAN HIFIS Partner Agency Referrals only: HIFIS Number:

Agency Referrals:

Agency Name:

Worker Name:

Contact #:

Contact Email:

Income Source:

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

Other

CURRENT HOUSING STATUS

Currently Homeless in Shelter

Currently Homeless Other

At Risk of Homelessness

APPLICANT INFORMATION

Last Name:

First Name:

Date of Birth:

Address:

Email:

Contact #:

REASON FOR REFERRAL: (Last Month's Rent, Moving Costs, etc.)

Item	Amount	Documents (Intent to Rent, eviction notice, 2 quotes/estimates)	Attached	Requested
	\$			
	\$			
	\$			
	\$			
Total Request:	\$			

INCOME DETAILS (Per Month)

OW \$	ODSP \$	Child Tax \$	CPP/ CPP D \$	OAS \$
WSIB \$	E.I. \$	Child Support \$	Employment \$	Other \$
Total Monthly Income:	\$			

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@dnsab.ca with "HPP" in the 'Subject' line.

HPN contact number: 705-474-2151 x 45588