



Leeds Grenville ByName List Intake Form

Application	
<input type="checkbox"/> New addition to the BNL	<input type="checkbox"/> Updates Only
Date Added:	Date of Last Contact:
<input type="checkbox"/> * I confirm that I have written and/or provide verbal consent to disclose the information contained in this form with a variety of community stakeholders as it pertains to the Leeds Grenville By Names List administered and managed by the United Counties of Leeds and Grenville.	
<input type="checkbox"/> I withdraw my consent to disclose information contained in the Leeds Grenville By Names Prioritized List administered and managed by the United Counties of Leeds and Grenville.	

Note: Required fields have an *. If update is selected, only complete the fields that have changed.

Applicant		
Unique Identifier:	If unknown, enter N/A	
*First Name:	*Last Name:	
Preferred Name:	Preferred Language:	
Street:	City:	Prov:
Phone Number:	Email:	
Preferred contact method:	* Gender Identity:	Preferred Pronouns:
*Date of Birth:	Age:	<input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Last seen / Known go to spot:		

Alternate Contact Information	
First Name:	Last Name:
Phone Number:	
<input type="checkbox"/> (Check if Yes). Do we have your permission to speak to this person regarding you and the personal and confidential information in this form?	

Partner/Spouse	
First Name:	Last Name:
Preferred Name:	Preferred Pronouns:
Date of Birth:	Age: <input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Would you like to access supports and services with your partner?	

Additional Information <small>Household Type options: Adult, Adult with Partner, Youth (16-24), Family (children under 18)</small>		
*Household Type:	Pets?	Total number in Household?
Expecting?	Children in Household?	Number of Children in Household?
*Indigenous Status Identified?	*Veteran?	Mobility Challenges?
Race / Ethnicity?	Sexual Identity?	

Housing

* Institution being released from:

- Not Applicable
 Correctional Facility
 Child Welfare System
 Healthcare Facility¹

¹Healthcare Facility is any in-patient healthcare facility (including mental health and addictions)

*Current Sleeping Arrangements:

- Couch Surfing
 Hotel/Motel
 Permanent and/or long-term housing
 Public institution: correctional facilities
 Public institution: hospital and/or treatment program
 Shelter
 Transitional housing
 Unsheltered: Public Space
 Unsheltered: Encampment
 Unsheltered: Vehicle
 Declined
 Not filled
 Left Community

Target move in date _____	Other:
Date search began _____	Date Left community _____
Date housed _____	Date Deceased _____
Type of Housing	
Room	Bachelor
Supportive Housing	Other: _____
1 BDRM	2 BDRM
	3 BDRM

*Community Currently Residing in/Connected to? _____

*Which community do you consider to be your home / did you come from?

- | | |
|---|--|
| <input type="checkbox"/> Township of Athens | <input type="checkbox"/> Municipality of North Grenville |
| <input type="checkbox"/> Township of Augusta | <input type="checkbox"/> Township of Rideau Lakes |
| <input type="checkbox"/> Township of Edwardsburgh Cardinal | <input type="checkbox"/> Village of Westport |
| <input type="checkbox"/> Township of Elizabethtown-Kitley | <input type="checkbox"/> City of Brockville |
| <input type="checkbox"/> Township of Front of Yonge | <input type="checkbox"/> Town of Gananoque |
| <input type="checkbox"/> Township of Leeds and the Thousand | <input type="checkbox"/> Town of Prescott |
| <input type="checkbox"/> Village of Merrickville-Wolford | <input type="checkbox"/> Out of County: _____ |

*Number of months experiencing homelessness in past **year (12 months total):**

*Number of months experiencing homelessness in past **3 year (36 months total):**

Returned from Housing

Date returned from Housing _____ # of times returned from housing _____

Reason for Return to Homelessness

- | | | |
|---|--|--|
| <input type="checkbox"/> Low income | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Rents too high | <input type="checkbox"/> Family breakdown / conflict | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Poor housing conditions | <input type="checkbox"/> Room mate conflict | <input type="checkbox"/> Landlord conflict |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Evicted for non-payment of rent | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Health / disability issues | <input type="checkbox"/> Evicted for breaking rules | <input type="checkbox"/> Other: |

Additional Comments:



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* Source of Income

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Child Benefit | <input type="checkbox"/> CPP | <input type="checkbox"/> Employed: P/T | <input type="checkbox"/> Employed: F/T |
| <input type="checkbox"/> Employed: Casual | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> GIS | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> No Income | <input type="checkbox"/> OAS | <input type="checkbox"/> ODSP | <input type="checkbox"/> OSAP |
| <input type="checkbox"/> OW | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Seniors Benefit | <input type="checkbox"/> Veteran Pension |
| <input type="checkbox"/> VYSA | <input type="checkbox"/> WSIB | <input type="checkbox"/> Other | |

If "other" selected, specify:

OW/ODSP Caseworker:

Contact:

Assessment

*Assessment Tool (VI-SPDAT) Score: _____ Version: _____

*Date VI-SPDAT Completed: _____

*In the past year (12 months) have you:

- a. Interacted with police (tickets, arrest, searches) Y___ N___ Refused _____
- b. Been to prison / jail Y___ N___ Refused _____
- c. A mental health issue or concern? Y___ N___ Refused _____
- d. Substance abuse? Y___ N___ Refused _____

*Please indicate whether the following variables are a factor:

- Fleeing Abuse** – Have recently fled an abusive circumstance and do not feel safe to return. (*abuse includes physical, sexual, psychological abuse*)
- Family separation** – Current homelessness circumstances have separated family members. (*Immediate family members only*)
- Developmental Delay** – Requires assistance from Developmental Services.

Additional Comments:

Agency and Resource Matching / Document Readiness

*Agency referred by: _____

*Name of the staff submitting the form: _____

Match request: Name of the staff/agency with established relationship: _____

Additional Agency Case managers currently supporting: _____

Document Readiness

- Birth Certificate uploaded
- S.I.N uploaded
- Bank Account info uploaded

Date Document Readiness Completed: _____

Additional documents:

- Most recent NOA uploaded
- In process of obtaining Notice of Assessment



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Agency Assigned: _____ Case Manger Assigned: _____

Current process bucket:

1. Assessment & preparation
2. Matched to resource
3. Navigate – Housing Search

Resource Matching

Date Case management assigned: _____

Date Unit assigned: _____

Date Subsidy assigned: _____

Date Services refused: _____

Additional Comments: