

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		
<i>Household Types: Adult, Adult with Partner, Youth (16-24), Family (children under 18)</i>		
*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:			
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Child Welfare System	<input type="checkbox"/> Healthcare Facility ¹
<small>¹Healthcare Facility is any in-patient healthcare facility (including mental health and addictions)</small>			
* Current Sleeping Arrangements:			
<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Permanent and/or long-term housing	<input type="checkbox"/> Public institution: correctional facilities
<input type="checkbox"/> Public institution: hospital and/or treatment program	<input type="checkbox"/> Shelter	<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Unsheltered: Public Space
<input type="checkbox"/> Unsheltered: Encampment	<input type="checkbox"/> Unsheltered: Vehicle	<input type="checkbox"/> Declined	<input type="checkbox"/> Not filled
<input type="checkbox"/> Left Community			
Target move in date		Other:	
Date search began		Date Deceased	
Date housed		Date Left community	
Type of Housing			
Room/Bachelor	1 BDRM	2 BDRM	3 BDRM
Supportive Housing		Other:	
*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"/> Township of Augusta	<input type="checkbox"/> Township of Edwardsburgh Cardinal	<input type="checkbox"/> Township of Elizabethtown-Kitley
<input type="checkbox"/> City of Brockville	<input type="checkbox"/> Township of Front of Yonge	<input type="checkbox"/> Township of Leeds and the Thousand	<input type="checkbox"/> Village of Merrickville-Wolford
<input type="checkbox"/> Municipality of North Grenville	<input type="checkbox"/> Township of Rideau Lakes	<input type="checkbox"/> Village of Westport	<input type="checkbox"/> Town of Gananoque
<input type="checkbox"/> Town of Prescott	<input type="checkbox"/> Out of County:		
*Number of months experiencing homelessness in past <u>year (12 months total):</u>			
*Number of months experiencing homelessness in past <u>3 year (36 months total):</u>			
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:			

* Source of Income			
Receiving Ontario Works (OW)?		Receiving Ontario Disability Support (ODSP)?	
OW/ODSP Caseworker:		Contact:	
<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"/> OAS	<input type="checkbox"/> OSAP	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Seniors Benefit
<input type="checkbox"/> Veteran Pension	<input type="checkbox"/> WSIB	<input type="checkbox"/> No Income	<input type="checkbox"/> VYSA
<input type="checkbox"/> Other	If "other" selected, specify:		

Assessment			
*Assessment Tool (VI-SPDAT)		Version:	
Score:			
*Date VI-SPDAT Completed:			
*In the past year (12 months) have you:			
a. Interacted with police (tickets, arrest, searches)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Refused <input type="checkbox"/>
b. Been to prison / jail	Y <input type="checkbox"/>	N <input type="checkbox"/>	Refused <input type="checkbox"/>
c. A mental health issue or concern?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Refused <input type="checkbox"/>
d. Substance abuse?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Refused <input type="checkbox"/>
*Please indicate whether the following variables are a factor:			
<input type="checkbox"/> Fleeing Abuse – Have recently fled an abusive circumstance and do not feel safe to return. <i>(abuse includes physical, sexual, psychological abuse)</i>			
<input type="checkbox"/> Family separation – Current homelessness circumstances have separated family members. <i>(Immediate family members only)</i>			
<input type="checkbox"/> 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			
<input type="checkbox"/> Birth Certificate uploaded	<input type="checkbox"/> S.I.N uploaded	<input type="checkbox"/> Bank Account info uploaded	
Date Document Readiness Completed:			
Additional documents:			
<input type="checkbox"/> Most recent NOA uploaded		<input type="checkbox"/> In process of obtaining Notice of Assessment	
Agency Assigned:		Case Manger Assigned:	
Resource Matching:			
Date Case management assigned:			
Date Unit assigned:			
Date Subsidy assigned:			
Additional Comments:			