



## 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 Facility<sup>1</sup>

<sup>1</sup>Healthcare 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 _____	<b>Other:</b>
Date search began _____	Date Left community _____
<b>Date housed</b> _____	Date Deceased _____
<b>Type of Housing</b>	
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:

<b>* Source of Income</b>			
<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:	

<b>Assessment</b>
<p><b>*Assessment Tool (VI-SPDAT) Score:</b> _____ <b>Version:</b> _____</p> <p><b>*Date VI-SPDAT Completed:</b> _____</p> <p><b>*In the past year (12 months) have you:</b></p> <p style="margin-left: 20px;">a. Interacted with police (tickets, arrest, searches)    Y___ N___ Refused _____</p> <p style="margin-left: 20px;">b. Been to prison / jail    Y___ N___ Refused _____</p> <p style="margin-left: 20px;">c. A mental health issue or concern?    Y___ N___ Refused _____</p> <p style="margin-left: 20px;">d. Substance abuse?    Y___ N___ Refused _____</p> <p><b>*Please indicate whether the following variables are a factor:</b></p> <p><input type="checkbox"/> <b>Fleeing Abuse</b> – Have recently fled an abusive circumstance and do not feel safe to return. <i>(abuse includes physical, sexual, psychological abuse)</i></p> <p><input type="checkbox"/> <b>Family separation</b> – Current homelessness circumstances have separated family members. <i>(Immediate family members only)</i></p> <p><input type="checkbox"/> <b>Developmental Delay</b> – Requires assistance from Developmental Services.</p>

<b>Additional Comments:</b>
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<b>Agency and Resource Matching / Document Readiness</b>
<p><b>*Agency referred by:</b> _____</p> <p><b>*Name of the staff submitting the form:</b> _____</p> <p>Match request: Name of the staff/agency with established relationship: _____</p> <p>Additional Agency Case managers currently supporting: _____</p> <p><b>Document Readiness</b></p> <p><input type="checkbox"/> Birth Certificate uploaded    <input type="checkbox"/> S.I.N uploaded    <input type="checkbox"/> Bank Account info uploaded</p> <p><b>Date Document Readiness Completed:</b> _____</p> <p>Additional documents:</p> <p><input type="checkbox"/> Most recent NOA uploaded    <input type="checkbox"/> In process of obtaining Notice of Assessment</p>



## Leeds Grenville ByName List Intake Form

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:**