

ADDICTION SUPPORTIVE HOUSING PROGRAM REFERRAL FORM

Please complete the form below and fax directly to ASH program; please have client contact by phone after referral sent

Office: 905-521-9591 Ext 234

Fax: 905-528-7255

REFERRAL AGENCY/ORGANIZATION INFORMATION	
Referral type: <input type="checkbox"/> Referred by Agency/Organization <input type="checkbox"/> Self-referral	Contact Worker:
Name of Referring Agency/Organization/ Program:	Telephone:
	Email Address:

APPLICANT INFORMATION:

First Name		D.O.B (dd/mm/yyyy)	
Last Name		Phone Number	
Address		Address Effective Date	
Does the applicant have any children? YES/NO		If YES how many? _____	

1. Program Criteria Applicant meets- Check ALL that apply

- Single Women- identified 18+ years of age with or without children
- Experiencing homelessness or under/over housed
- Completed a formal addictions treatment program within the last year
- Unable to obtain or maintain housing without support
- In receipt of financial assistance (OW/ODSP) *circle which applicant receives*
- Must accept housing in Hamilton or surrounding areas

2. Where is the Applicant presently living?

- Shelter
- Family/friends
- Hotel/Motel
- Other: _____

3. What other agencies/service providers is the applicant currently working with?

- Ontario Works/ODSP
- Counselling
- Mental Health Supports
- CCAS/CAS
- Probation/Parole
- Sponsor
- Other: _____