

Bell Hotel / Community Housing Project Referral Form

Please submit referral by fax (204) 982-6128

This referral form is used to recommend a person to receive housing support from the Bell Hotel / Community Housing with Support. This project is focused on providing housing to persons who are currently homeless. After this referral form is received, the individual will be contacted to arrange an in- person interview. Following the interview, the individual will be recommended to the eligibility list of the Bell Hotel, the Community Housing Project, or both.

Referral Source

Name: _____

Referring Agency/Service/Relationship: _____

Contact Number: _____

Outside Agency Contacts/Supports: _____ none _____

Is the person aware that you are making this referral? Yes No

Is the referred person 18 years of age or older? Yes No

Are they seeking independent housing? Yes No

Are they seeking housing for a single adult, or for a couple or family? How many persons?

Single Adult

Is he / she currently utilizing a homeless shelter? Yes No

How many nights has he / she used a shelter bed in the last 6 months? _____

If not using a homeless shelter, or using a homeless shelter irregularly, where else has she / he being staying? Describe.

Describe his / her history of service utilization (WPS, WFPS, IPDA, Detox, Hosp. ER, etc.).
 Comment on frequency and any observed patterns.

Describe her / his housing history. Include addresses, timeframes, and circumstances of housing loss. Please be as specific as possible.

Does he / she require a mobility suite? Yes No

Does he / she have active substance use issues? Yes No

Does he / she require or desire dry housing? Does he / she have strong feelings about living with persons with active substance use issues?

Does the referred person have a preference for the Bell Hotel or Community Housing? If they prefer community housing, is there a preference for neighbourhood / area?

What is his / her income source (EIA, CPP, OAS, WCB, etc.)?

Approximate Monthly Income: _____

Is he / she aware of, and prepared to cooperate with the visitor policy at the Bell Hotel? (Please see attached Fact Sheet.)

Yes No

Is he / she aware of, and prepared to cooperate with the expectation regarding weekly contact meetings? Is he / she aware of the daily visits for the first 30 days after move in with Community Housing? (Please see attached Fact Sheet.)

Yes No

Referred Person's Signature

DATE