

# RAPID SERVICES

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# Housing & Property Management

## REFERRAL FORM

Date:

Referral Department/Agency:

Referral Person Name:

Referral Phone Number:

Referral Email:

### *Participant Information:*

First Name:

Last Name:

### *Contact Information*

Phone Number:

Email:

Current Housing Situation?

- Non-housing (Street, Car, Park, etc.)
- Emergency shelter (Domestic / Homeless / Family)
- Transitional housing (Treatment Centre, Safe House etc.)
- Unstable Housing, At risk of homelessness (Couch surfing, Staying with friends or family)
- Housed: At Risk / Not At Risk \_\_\_\_\_
- Other \_\_\_\_\_

Do they have Citizenship with the MMF?

- Yes
- No

Income Source:

- Employed
- EIA Regular
- EIA Disability
- EI Regular
- EI Disability
- OAS
- CPP
- Other:

Service Requested:

- Eviction Prevention
- Need Housing

Description of need:

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