Fife House's Supportive Housing Application Referral Form

For Fife House Supportive Housing Programs, you / your client(s) must meet **all** of the following criteria:

a) Be HIV+
b) Be under-housed (Homeless, In a Shelter, Couch-Surfing, or About to be Evicted)
c) Above 16 years old
d) Require support services in order to maintain housing stability
e) Willing to engage with support staff
f) Qualify for housing subsidy
g) Willing to live in a HIV specific housing

If **all** the above-mentioned criteria are met, please fill out the referral form below and send it to Housing Department, Fife House Foundation by email at housing@fifehouse.org or by fax at 416-205-9919.

Please Note:

- All of Fife House Supportive Housing Programs are rent-geared to income.
- Once a client completes the intake for Fife House Supportive Housing and all documents are submitted, the client will be put on a waitlist.
- The waiting period for people on the waitlist for Fife House Supportive Housing can be years**.**
- Intake appointments are on a first come first serve basis and gets filled very fast
- Intake appointments are made a few weeks in advance
- Fife House does **not** provide emergency housing or emergency beds.

REFERRING AGENCY / PROGRAM INFORMATION	
Referral Date: (dd/mm/yyyy) _____/_____/_____:	
Referring Agency / Program Name:	
Contact Person Name	Contact Person Title:
Contact Person Telephone	Contact Person Email:
Reason(s) for Referral:	

CLIENT INFORMATION	
Client's Name	
Date of Birth (dd/mm/yyyy) ::	Email:
Telephone:	OK to leave v/m? YES □ NO □
Preferred Gender:	Pronouns:
Language:	Interpreting/Translation Needed: YES □ NO □
Address (if applicable)	
Do you currently Live in Toronto? YES NO	Are you currently homeless? YES NO
Are you currently at risk of becoming homeless? YES NO	
Are you willing to live in HIV specific housing? YES NO	
Family Size:	Ages of Family Members (If applicable):

Indicate your current housing situation:

☐Couch Surfing ☐Shelter ☐On the street ☐Hospital ☐Room ☐Apartment

☐Basement ☐House ☐Correctional Facility ☐Other (please specify):_____

Sources of Income & Amount:

☐ODSP _____ ☐OW_____ ☐Employment_____

☐STD / LTD _____ ☐CPP_____ ☐EI_____

☐OAS_____ ☐CPP-D_____ ☐Others_____

Support Services Required: (Mandatory Section; Please fill in as much details as possible)

☐Physical Health (Please Explain Support Required):_____

_____

☐Mental Health (Please Explain Support Required):_____

_____

☐Mobility (Please Explain Support Required):_____

_____

☐Criminal Justice System Support (Please Explain Support Required):_____

_____

☐Substance Use (Please Explain Support Required):_____

_____

(Preferred Substance(s):_____

☐Others _____

Other Relevant Information:

CONSENT TO RELEASE OF INFORMATION

Fife House provides affordable, supportive housing and support services for persons living with HIV/AIDS.

The information that you provide will assist in determining my service plan and/or the support that I receive at Fife House. Please be as specific as possible about any of the following about which you may have information: my health status, support needs, mental health status, housing status, financial status. Your report will remain confidential.

Thank you.

I _____ (fill in client's name),

give consent to _____ (fill in service provider's name), at

_____ (fill in name of agency or address) who can be

reached at _____ (fill in service provider's phone number),

_____ (fill in service provider's fax number),

_____ (fill in service provider's email address) to disclose,

release and transmit information regarding the services which I have received there to Fife House and to receive from Fife House.

I, _____ (Client's name), acknowledge that the person / Service Provider named in this consent form is aware of my HIV status.

This consent is valid until revoked by client.

_____	_____	_____
Client's Name	Date	Actual Signature Required (Typed name will not be accepted)

_____	_____	_____
Witness	Date	Actual Signature Required (Typed name will not be accepted)