



Coordinated Access to HIV/AIDS Housing & Supports
Referral Screening Tool

Client Contact Information			
Date of Referral:			
First Name:		Last Name:	
Telephone:		Can we leave a message?	YES NO
Alternate Phone:		Can we leave a message?	YES NO
Email:			
Language:		Translation required?	YES NO
Housing and Eligibility Information			
Are you HIV positive?	YES NO	Are you located in Toronto?	YES NO
Are you currently homeless?	YES NO	Are you currently at risk of becoming homeless?	YES NO
What is your source of income?		Total monthly income:	
Where are you currently staying?			
<input type="checkbox"/> Room	<input type="checkbox"/> Couch surfing	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Treatment Centre
<input type="checkbox"/> Apartment	<input type="checkbox"/> On the street	<input type="checkbox"/> Hospital	<input type="checkbox"/> Corrections facility
<input type="checkbox"/> House	<input type="checkbox"/> Shelter	<input type="checkbox"/> Long term care	
<input type="checkbox"/> Other (please specify):			
Name of shelter/facility:			
Name of contact:			

Telephone:	Are they aware of your HIV status?		YES	NO
If you are facing eviction, please state the date of eviction:				
Please list any other agencies that you are working with:				
Supports Required				
Do you need supportive housing?	YES	NO	Do you need supports to live independently?	YES NO
Have you been to the ER or admitted to hospital recently?	YES	NO	Do you currently need home care support?	YES NO
Alternate Contact Information				
First Name:		Last Name:		
Telephone:	Can we leave a message?		YES	NO
Relationship:	Are they aware of your HIV status?		YES	NO
Referral Information				
Agency Name/Contact Name:				
Telephone:	Fax:			
Email:				
Notes				

Fax or email completed form to 416-205-9919 or mbilson@fifehouse.org