

Housing Provider / Landlord Eviction Prevention Request for Support

→ Fax completed form to Alisha Forstinger's attention at 905-687-4844 or call 905-980-6000 ext. 3920

****Please note that referrals will be responded to in order of priority****

Housing Provider requesting support: _____

Staff name/position: _____ **Referral Date:** _____

Address: _____

Phone: _____ Email: _____

Tenants/member(s) being referred:

Name(s): _____ Age(s) (approx.): _____

Address: _____ Phone: _____

Email: _____ Preferred language: _____

Reason for referral (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Drug or alcohol concerns | <input type="checkbox"/> Mental health concerns | <input type="checkbox"/> Support with daily living |
| <input type="checkbox"/> Hoarding | <input type="checkbox"/> Health care support | <input type="checkbox"/> Safety/abuse concerns |
| <input type="checkbox"/> Issues with other tenants | <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Pending eviction |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Decline in ability to live independently | |
| <input type="checkbox"/> Other (describe): _____ | | |

***Please provide as much detail as you can:** _____

Other agencies involved: _____

Possible risks: _____

Other important information: _____

Please note: due to Privacy Legislation, the CPC will only provide an update to the referral source with consent from the tenant/member.