

Housing Provider Eviction Prevention Request for Support

→ Send completed form by:

- FAX 905-687-4844
- Email patricia.hicks@niagararegion.ca or call 905-980-6000 ext. 3920

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

Housing Provider Requesting Service:

Staff Name/ Position: _____ Referral Date: _____

Address: _____

Phone: _____ Email: _____

- I agree that the Housing Provider Community Programs Coordinator (HPCPC) can disclose that I made this referral

Tenants/member(s) being referred

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

Address: _____ Phone: _____

Email: _____ Preferred language: _____

NOTE – Please ensure that you have:

- Discussed a repayment agreement with member (where appropriate)
- Informed member of assistance that may be available through Discretionary Benefits at www.niagararegion.ca/social-services/ontario-works/discretionary-benefits or by calling 905-641-9960 ext. 6072
- Followed all relevant By-Laws
- Noted the effects of the behaviours on other tenant/members
- Included all relevant details
- Attached all relevant documents

Reason for referral (check all that apply):

- Behaviours affecting neighbours
 Decline in ability to live independently
 Hoarding
 Safety/abuse concerns

