

**Tenant/ Member Request for Support**

**Referral Date:** \_\_\_\_\_

- Email completed form to [patricia.hicks@niagararegion.ca](mailto:patricia.hicks@niagararegion.ca)
- FAX to 905-687-4844
- Call 905-980-6000 ext. 3920

**Tenants/member(s) requesting service:**

Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred language: \_\_\_\_\_

Phone: \_\_\_\_\_ Housing Provider: \_\_\_\_\_

**(Optional) Alternate contact name and phone number (ex, interpreter, family member, advocate):** \_\_\_\_\_

**(Optional) I give permission for Housing Provider Community Programs Coordinator to contact my alternate contact:** \_\_\_\_\_ (signature)

**Reason for referral (check all that apply):**

- Drug or alcohol concerns
- Hoarding
- Issues with other Tenants
- Pending Eviction
- Mental health concerns
- Safety/abuse concerns
- Eviction prevention – request for support
- Decline in ability to live independently
- Other  
(describe): \_\_\_\_\_

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**\*Please provide as much detail as you can and attach relevant supporting documents:**

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**Other agencies currently involved: -**

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**Risk to Housing Provider Community Programs Coordinator (e.g. large pets, weapons, etc.):**

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