

Homelessness Intake and Application Form

APPLICANT						
Last Name	First Name	Date of Birth	Sex / Gender	Sex / Gender		
Email		<u> </u>	Immigrant Status			
Health Card Number	Marital Status	Cell Phone	Alias/Nick Name			
Current Address		<u> </u>	Address Pest Issue?	Address Pest Issue?		
Preferred Language:	Aboriginal	Veteran Status	Country of Birth			
EMERGENCY CONTACT						
Name:		Phone:				
Email:						
HEALTH INFORMATION						
Allergies:						
Substance Use:						
INTAKE / REFERRAL INFORI	MATION					
Referral Source:	WATION					
Referral Name:						
Reason for Referral:			-			
Other Program Referrals:						
HOUSEHOLD MEMBERS						
Relationship to Applicant	Last Name	First Name D	Date of Birth	Gender		
Relationship to Applicant	Last Name	First Name D	Date of Birth	Gender		
Relationship to Applicant	Last Name	First Name D	Date of Birth	Gender		
Relationship to Applicant	Last Name	First Name D	Date of Birth	Gender		
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NOTICE OF COLLECTION OF INFORMATION

The Region of Peel is committed to protecting the privacy of any personal information you may provide when visiting our website. Part of that commitment is to explain what information may be collected and why, how it will be used and who may have access to it. Our practices have been designed to ensure compliance with the privacy provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.

Personal information will be collected to create an on-line profile and to identify and provide housing supports to clients as well as to verify on-going housing supports and subsidy eligibility.

The Way We Use Information

The information you provide is collected, used and disclosed in accordance with the Ontario Works Act, 1997 and the Housing Services Act, 2011.

It is understood that the information gathered with regards to resident case plans and stays at the shelter may be disclosed to other Sa Army and Region of Peel staff responsible for Shelter operations.

How to contact us

Please email privacy@peelregion.ca if you have any questions related to the Notice of Collection.

DECLARATION OF THE APPLICANT						
To the best of my knowledge, I have provide	d accurate information in support of my	application				
				,		
×						
Applicant's Signature	Month	Day	Year			
×						
Guardian / Trustee Signature (If applicable)	Month	Day	Year			
()						
Guardian / Trustee (If applicable)	Address		City	Postal Code		
				Code		

Date of Intake

Intake completed by: