Hamilton

Residential Care Facilities Subsidy Program
INTAKE REFERRAL

Community & Social Housing
Housing Services Division
Healthy and Safe Communities Department

EMAIL: RCFSubsidy.Admin@hamilton.ca

General Information

Move In Date: DD / MM / YYYY **PREPARED BY:**

RCF:

Resident Information

LAST Name: **FIRST Name:**

Preferred Name: **Date of Birth:** DD / MM / YYYY

Do they have a: Trustee: ☐ Yes ☐ No OPTG: ☐ Yes ☐ No

Preferred language for communication: ☐ English ☐ French ☐ Other:

Do they require an interpreter for English: ☐ Yes ☐ No

Resources

INCOME: ☐ OW ☐ ODSP ☐ OAS* ☐ CPP* ☐ OTHER*:_____

ASSETS: ☐ Bank account* ☐ Investments ☐ Inheritance ☐ OTHER:_____

Current bank statement included: **mandatory* ☐ Yes ☐ No Most recent tax year filed:

Referral Source

Referral Name/Phone Number:

Self/Family	Housing Services
☐ Self/Client Referral ☐ Family Member ☐ Trustee/Legal Guardian	☐ CityHousing Hamilton ☐ Social Housing (via ATH waitlist) ☐ Supportive Housing Program
Health & Mental Health Services	**Homelessness Program**
☐ Primary Care ☐ Hospital – Emergency Care ☐ Hospital – Inpatient ☐ Hospital – Outpatient ☐ Community Mental Health Services ☐ Specialized Mental Health Services	☐ Housing Focused Street Outreach/Drop-In ☐ Emergency Shelter (Homelessness) ☐ Overflow Hotel Program ☐ Prevention ☐ Rapid Rehousing/Intensive Case Management
Developmental Services	**Other**
☐ Developmental Services Ontario ☐ Community Living ☐ Brain Injury Services	☐ Assisted Living/Attendant Services ☐ Indigenous Service Provider ☐ Domestic Violence System ☐ OTHER:_____

Signature of Operator/Representative:

Date:

Notice of Collection of Personal Information pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
The City of Hamilton collects information under authority of Sections 10 and 227 of the Municipal Act, 2001. Any personal information collected will be used for administering the City's Homelessness Prevention Programs, including the Residential Care Facilities Subsidy Program. By providing your contact information, you are consenting to being contacted from the City of Hamilton and/or their agents/contractors for purposes related to Homelessness Prevention Programs and the Residential Care Facilities Subsidy Program. Questions about the collection of this personal information can be directed to the Manager of Community & Social Housing, Housing Services, Unit 110, 350 King St E., Hamilton, ON L8N 3Y3, 905.546.2424 Ext 3901; RCFSubsidy.Admin@hamilton.ca.

HOUSING SERVICES STAFF USE ONLY **Intake Date:** DD / MM / YYYY

☐ Intake/Log ☐ File ☐ Database ☐ Bill ☐ Transportation ☐ Visit **In HIFIS?** ☐ Yes ☐ No