

Housing Provider Eviction Prevention and Support Request

Mailing Address:

Niagara Region
Housing Services
1815 Sir Isaac Brock Way P.O. Box 344
Thorold, ON L2V 4T7
niagararegion.ca

905-980-6000 Toll free: 1-877-263-7215
Fax: 905-935-0476
Email: HPCPCreferrals@niagararegion.ca

Please complete and return this form.

Community Programs Coordinators support vulnerable households (example: those who may have mental health, addiction, cognitive issues) and/or households at risk of eviction because of those vulnerabilities.

Referrals for arrears and/or assistance with Annual Income Declaration Packages should be for households who may have vulnerabilities.

Housing provider

Date (mm/dd/yyyy):

Housing provider staff name:

Address:

City/town:

Postal code:

Telephone number:

Email:

Preferred language:

Position:

Tenant/member in need of support

Tenant name:

Address:

City/town:

Postal code:

Telephone number:

Email:

Preferred language:

Tenant/member age:

Reason for request (check all that apply)

- | | | |
|---|--|---|
| ☐ Issues with other tenants | ☐ Drug or alcohol concerns | ☐ Clutter/hoarding symptoms |
| ☐ Literacy | ☐ Mental health concerns | ☐ Other (describe): |
| ☐ Support with daily living | ☐ Decline living independently | |
| ☐ Health care support | ☐ Safety/abuse concerns | |

Risk to housing services staff (e.g., large pets, contagion, weapons, etc.)

Effects of tenant/member(s) behaviour on other member(s), provide as much detail as you can

What steps have you already taken as the Provider?

Discussed a behavioural or repayment agreement with tenant (where appropriate):

☐ Yes ☐ No ☐ Not applicable

If relevant, informed member of assistance that may be available through Discretionary Benefits at niagararegion.ca/social-services or by phoning 905-641-9960 ext. 6072:

☐ Yes ☐ No ☐ Not applicable

If relevant, provided information/assistance of how to access paperwork (ex. Referral to Member of Parliament if difficulty getting Notice of Assessment):

☐ Yes ☐ No ☐ Not applicable

Provided letters and/or formal notices to tenant in writing (attach documents):

☐ Yes ☐ No ☐ Not applicable

Followed all relevant by-laws: ☐ Yes ☐ No ☐ Not applicable

Contacted tenant/member by phone: ☐ Yes ☐ No ☐ Not applicable

Contacted tenant/member by visiting unit and leaving contact information:

☐ Yes ☐ No ☐ Not applicable

Summary of reason for referral or supports required:

Other agencies involved (if any), provide as much detail as you can

Permission

- ☐ I agree that the Community Programs Coordinator may speak with my Property Manager, Housing Provider and/or Housing Provider Staff.

Note: Due to privacy legislation, the Community Programs Coordinator will only provide an update to the Property Manager, Housing Provider and/or Housing Provider Staff with tenant/member consent.

Checklist

- ☐ Included all relevant details
- ☐ Attached all relevant documents

Applicant name (printed):

Staff signature:

Date (mm/dd/yyyy):

Referrals will be responded to in order of priority

Any personal information or personal health information submitted will be collected, used and disclosed, where applicable, by members of Regional staff in accordance with the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will be used only for the intended purpose for which it was provided.