

Lanark County By-Name

Application	
Date:	
<input type="checkbox"/> I confirm that I have written and/or provide verbal consent to disclose the information contained in this form with a variety of community stakeholders as it pertains to the Lanark County By-Names List administered and managed by Lanark County.	
<input type="checkbox"/> I withdraw my consent to disclose information contained in the Lanark County By-Names List administered and managed by the Lanark County.	

Applicant		
Unique Identifier (If unknown, enter N/A):		
First Name:	Last Name:	
Preferred Name:	Preferred Language:	
Street:	City:	
Province:	Country:	
Phone Number:	Email:	
Preferred contact method:	Gender Identity:	Preferred Pronouns:
Date of Birth:	Age: <input type="checkbox"/> Unsure <input type="checkbox"/> Declined	
Do you have a photo ID other than a health card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You have your income tax notice of assessment for the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to primary care or a family doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an Asylum Seeker? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Alternate Contact Information	
First Name:	Last Name:
Phone Number:	
Relationship to Applicant <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
<input type="checkbox"/> (Check if yes). Do we have your permission to speak to this person regarding you and the personal and confidential information in this form?	

Partner/Spouse	
First Name:	Last Name:
Preferred Name:	Preferred Pronouns:
Date of Birth:	Age: <input type="checkbox"/> Unsure <input type="checkbox"/> Declined
Would you like to access support and services with your partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information <i>Household type options: Adult, Adult with partner, Youth (16-24), Family (Children Under 18)</i>		
Household Type:	Children in Household?	Number of Children in Household?
Expecting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran (served in Canadian armed forces/RCMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indigenous Status Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Indigenous Service Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing History		
Current Sleeping Arrangements:		
<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Crisis Bed	
<input type="checkbox"/> Public institution: correctional facilities	<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Public institution: hospital and/or treatment program	<input type="checkbox"/> Shed / Trailer	
<input type="checkbox"/> Shelter <input type="checkbox"/> Transitional housing	<input type="checkbox"/> Unsheltered	
<input type="checkbox"/> Hotel/Motel		
Community Currently Residing in/Connected to? _____		
Which community do you consider to be your home / did you come from?		
<input type="checkbox"/> Township of Tay Valley		
<input type="checkbox"/> Township of Drummond North Elmsley		
<input type="checkbox"/> Township of Montague		
<input type="checkbox"/> Town of Perth		
<input type="checkbox"/> Township of Lanark Highlands		
<input type="checkbox"/> Town of Smiths Falls		
<input type="checkbox"/> Township of Mississippi Mills		
<input type="checkbox"/> Town of Carleton Place		
Number of months experiencing homelessness in the past year (12 months total):		
Number of months experiencing homelessness in past 3 years (36 months total):		
Additional Comments:		

Source of Income (please check all that apply)			
<input type="checkbox"/> OW	<input type="checkbox"/> CPP	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> No Income
<input type="checkbox"/> OAS	<input type="checkbox"/> ODSP	<input type="checkbox"/> CPP - D	<input type="checkbox"/> Child Support
<input type="checkbox"/> Private Pension	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Employment	<input type="checkbox"/> Child Tax Benefit
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Veteran Pension	<input type="checkbox"/> Other: _____	

Estimated Monthly Income: _____

Services Requested			
<input type="checkbox"/> Housing	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Addictions	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Legal	<input type="checkbox"/> Health care	<input type="checkbox"/> Counselling	<input type="checkbox"/> Dentistry
<input type="checkbox"/> Employment	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Trusteeship	<input type="checkbox"/> LIFT Program
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Case Management		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Agency: _____	

Additional Comments: _____

Assessment	
In the past year (12 months) have you:	
a. Been to an emergency room	Y__N__#__ Refused*_____
b. Interacted with police (tickets, arrest, searches)	Y__N__#__ Refused _____
c. Been to prison / jail	Y__N__#__ Refused _____
Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
a. A mental health issue or concern?	Y__N__Refused _____
b. Substance abuse?	Y__N__Refused _____
c. A past head injury?	Y__N__Refused _____
d. A learning disability, developmental disability, or other impairment?	Y__N__Refused _____
e. A physical disability?	Y__N__Refused _____
f. Relationship Breakdown	Y__N__Refused _____

What challenges or problems have you experienced when trying to find housing?

(select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> No Credit/Poor Credit | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> No Income Assistance | <input type="checkbox"/> Accessibility Needs | <input type="checkbox"/> Don't want housing |
| <input type="checkbox"/> Poor Housing Conditions | <input type="checkbox"/> Addiction | <input type="checkbox"/> No Barriers to Housing |
| <input type="checkbox"/> Health/Disability | <input type="checkbox"/> Family Breakdown/Conflict | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Children | <input type="checkbox"/> Accessory Technology |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pets | <input type="checkbox"/> Decline |
| | <input type="checkbox"/> Criminal History | |

What Model(s) of Housing Are You Interested In? (check all that apply)

- ASH (Adult Supportive Housing)
- RGI (Rent Geared to Income)
- Bridge Housing
- Market Rent

Additional Comments:

Agency Match/Housing Updates/Other Information

Name of the staff submitting the form: _____

Assigned Agency:

Program Name:

Date Documents Collected: _____
 Date Housed: _____
 Housing Location: _____
 Date of Last Contact: _____
 Date Left Community: _____
 Date Deceased: _____

- Service Provision Refused
- Date Refused: _____
- Housing Type: _____
- Other - Specify: _____

Additional Comments:



LANARK COUNTY BY-NAME LIST COMMITTEE
Client Consent for Data Collection and Release of Information

Lanark County’s By-Name List Committee is a group of Partner Agencies and programs that work together to provide housing and homelessness services. Information about people and families who receive housing and homelessness services is collected to help deliver and coordinate services across Partner Agencies or programs, and to make sure that the services are meeting the needs of community members.

This means that as you receive services, personal information will be collected about your housing and support needs, the services that you receive, and the outcomes of those services.

To ensure that you access the support that you need, it may be important for relevant information to be shared among the Partner Agencies. Only information related to obtaining and maintaining your housing and homelessness supports will be collected and accessed by Partner Agencies. The names of the current Partner Agencies in Lanark County’s By-Name List Committee are listed below but may change as more Partner Agencies and programs work together to provide housing and homelessness services.

CONSENT TO OBTAIN, DISCLOSE, TRANSMIT OR ACCESS PERSONAL INFORMATION

I _____ Date of Birth: _____

Address: _____

Cell/Telephone: _____ Email: _____

This consent will allow for the sharing with any or all of the following community partners of written and verbal information on my behalf to assist and support me as requested, required or as necessary.

This consent is given for the duration of my status as a client or until such time this consent is otherwise revoked:

<input type="checkbox"/> Cornerstone Landing Youth Services
<input type="checkbox"/> Lanark County Interval House
<input type="checkbox"/> Lanark County Mental Health
<input type="checkbox"/> Lanark County Social Services
<input type="checkbox"/> Lanark Leeds & Grenville Addictions & Mental Health
<input type="checkbox"/> Hart Hub
<input type="checkbox"/>
<input type="checkbox"/> Other (specify agency/service):

I hereby waive any and all claims against the above noted organizations in relation to the disclosure of my personal information.



LANARK COUNTY BY-NAME LIST COMMITTEE
Client Consent for Data Collection and Release of Information

Client Declaration: I authorize the County of Lanark By-Name List Committee to exchange information with the agencies, people and / or businesses named above. I am aware that the information will be collected and provided in accordance with the Privacy Act and will be used for the administration of this program. I understand that this release of information is in effect for one year from the signed date below.

Date: _____ Name (Print): _____

Signature: _____

Date: _____

Witness (name): _____

Witness Signature: _____



Consent for the Release of Information

I/We, the undersigned authorize and agree to the release and exchange of information to an authorized representative of the Lanark County Social Services.

This consent will allow for the sharing of written and verbal information as it relates to determining initial and ongoing eligibility for the various programs of the department of Social Services, including, but not limited to, Ontario Works, Children’s Services, Community Support Services (CSS) and Housing Services.

I/We also understand that it is not mandatory to sign this consent form.

I/We understand that personal information will not be disclosed to any other party except in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, or as otherwise required or permitted by law.

I/We have read the Consent as outlined above and declare it clearly understood.

Name (Print)

Signature

Date

Name (Print)

Signature

Date

Witness Name (Print)

Witness Signature

Date