



HARP REFERRAL FORM

Last Name:	Agency Name:
First Name	Agency Contact:
Last Known Address:	Agency Phone No.
Cell Phone	Position/Title:
Email:	Signature:
	Email:

ELIGIBILITY REQUIREMENTS:

- Homeless Adult Male (21 years and older). ‘And”
- Homeless Adult Male (Discharged from Hospital). ‘OR’
- Homeless Adult Male (In Conflict with the Law). ‘OR”
- Homeless Adult Male (Involved with the Criminal Justice System)

BARRIERS TO HOUSING:

- Experiencing chronic or episodic homelessness
- Medical Diagnosis of Mental Health Illness or Mental Health Related Illnesses.
- Ontario Works or Ontario Disability Support Program as a Source of Income.
- Substance and Addiction Issues.
- Currently resides in the Region of Peel.

If you have any questions or inquiries regarding the program please contact our HARP Care Coordinator at PH: 905457-3611 Ext. 294 | Fax: 905-457-2314 | Email: donnap@slpp.ca | Web: www.stleonardsplace.com.