HOUSING ACCESS RETENTION PROGRAM REFERRAL FORM

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

**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)

**BARRIES 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**: 905-457-3611 Ext. 294|**Fax**: 905-457-2314|**Email**: [donnap@slpp.ca](mailto:donnap@slpp.ca) (Brampton) or [sharaayneh@slpp.ca](mailto:sharaayneh@slpp.ca) (Mississauga) |**Web**: www.stleonardsplace.com.