

Application		
Application Type:	New Update	Date:
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 Windsor Essex By Names Prioritized List administered and managed by the City of Windsor.		
I withdraw my consent to disclose information contained in the Windsor Essex By Names Prioritized List administered and managed by the City of Windsor.		

Note: If update is selected. Only complete the fields that have changed including all required fields. If available, also include applicant's date of birth.

Applicant		
Unique Identifier:		<small>If unknown, enter N/A</small>
First Name:	Last Name:	
Preferred Name:	Preferred Language:	
Street:	City:	
Province:	Country:	
Phone Number:	Email:	Gender:
Date of Birth:	Age:	Unsure Declined

Alternate Contact Information	
First Name:	Last Name:
Phone Number:	(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:	
Date of Birth:	Age:	Unsure Declined
Would you like to access supports and services with your partner?:		

Additional Information		
Household Type:	Children in Household?:	Number of Children in Household?:
Expecting?:	Veteran?:	
Indigenous Status Identified?:	Indigenous Services Requested?:	

Community Currently Residing in / Connected with			
Community Currently Residing in / Connected with:			Other - specify:
Street/Outdoors	Emergency Shelter	Couch Surfing	Hotel/Motel
Hospital	Transitional Housing	Incarcerated	Current Unit

History of Homelessness		
How long has it been since you have lived in permanent stable housing?	Years:	Months:
Number of episodes of homelessness in the last 12 months:	Date Housing Search Began:	

Source of Income			
OW	ODSP	OSAP	Self-Employment
CPP	OAS	GIS	WSIB
Employment Insurance	Veteran pension		
If possible, include OW/ODSP worker's name and phone number.			
Worker's Name:		Worker's Phone Number:	

Services Requested			
Housing	Mental Health	Addictions	Financial Aid
Legal	Health Care	Counselling	Dentistry
Employment	Life Skills	Case Management	Trusteeship

VI-SP85 T			
VI-SPDAT Declined	VI-SPDAT Completed Date:		
VI-SPDAT(Single Adult)	TAY-VI-SPDAT(Youth)	VI-F-SPDAT(Family)	JD-VI-SPDAT(Justice Discharge)
Score	Score	Score	Score

Agency Match / Housing Updates/ Other Information		
Assigned Agency:		
Program Name:		
Date Documents Collected:	Service Provision Refused	Date Refused:
Date Housed:	Housing Type:	
Housing Location:	Other - specify:	
Date of Last Contact:	Date Left Community:	Date Deceased:

Agency Information

Agency completing the form:

Name of the staff submitting the form:

Phone Number:

Email:

Staff name who administered VI-SPDAT (if different):

Additional Comments: