



### Motel Program Referral Form

If you have come across an individual in north Durham who is unsheltered, or provisionally housed (living in sub-standard conditions in a vehicle, trailer without basic needs, or abandoned space etc.), please fill out the form below. If the individual is experiencing housing instability but is not outdoors or unsheltered from the elements, please contact a Housing Support Specialist for assistance. Please note the motel cannot accommodate pets. Space is limited and may not always be available for use. Client must already be in north Durham (Uxbridge, Scugog or Brock township).

Referring Agency: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Caseworker Contact Information: (T) \_\_\_\_\_

(E) \_\_\_\_\_

Does your agency provide housing-support services?

- Yes       No

Has this individual been added to the By-Name List?

- Yes       No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Client Contact Information: (T) \_\_\_\_\_

(E) \_\_\_\_\_

Household Composition

- |   |   |
|---|---|
| <input type="checkbox"/> Single               | <input type="checkbox"/> Female Sole-Support Parent |
| <input type="checkbox"/> Couple               | <input type="checkbox"/> Male Sole-Support Parent   |
| <input type="checkbox"/> Couple with Children |   |

Summary of Situation

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