



Rainy River District Social Services Administration Board

450 Scott Street
Fort Frances, ON
P9A 1H2

Ph: (807) 274-5349
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Toll Free: 1-800-265-5349

- Children's Services
- Land Ambulance
- Ontario Works
- Social Housing

Internal Transfer Application

Name of applicant(s): _____

Present address: _____

Date of Application: _____ Phone: _____

Other household members:

Name	Relationship to Applicant	Date of Birth

Length of time in present accommodation: _____

Reason for request of transfer (check all that apply):

- Abuse
- Unit is too small
- Unit is too large
- Current unit aggravates medical condition, or prevents or substantially increases the cost of treatment (Please include a doctor's letter, describing your condition, and how a different unit would improve the situation)
- Modified/wheelchair accessible unit required (Please describe below. You will be required to complete the Medical Verification Form)
- You need to live in a project where essential support services are provided (Please specify the type of care you need below)
- other reason (describe below)

Type, size & location of unit required: _____

Signature

Date

Signature

Date

Signature

Date

Meeting needs by providing services with caring, integrity and accountability