



DISTRICT OF RAINY RIVER SERVICES BOARD

450 Scott Street
Fort Frances, ON
P9A 1H2

Ph: (807) 274-5349
Fax: (807) 274-0678
Toll Free: 1-800-265-5349

• Children's Services • Paramedic Services • Ontario Works • Community Housing

HOPE TRANSITIONAL HOUSING REFERRAL FORM

Interview will be conducted with residence to determine suitability following referral form submission.

Client Eligibility:

All clients must meet the following criteria:

- Be 18 years of age or older.
- The applicant must be a resident of the Rainy River District.
- Be substance free before entering HOPE Transitional Housing.
- Be willing to actively participate in HOPE Transitional Housing Programs.
- Be medically and psychiatrically stable.
- Require a level of recovery service and/or support away from their usual living situation.
- Be able to pay the program fee (maximum social assistance-shelter allowance rate) and cover the cost of personal needs

Client Information:

Full Name	
Gender	
Date of Birth	
Phone #	
EMAIL	

Referral Details: (self-referrals do not need to complete)

DATE	
REFERRING AGENCY	
CONTACT	
EMAIL	
PHONE #	
FAX	

INCOME SOURCE	
AMOUNT	
PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING: 60-day bank statement Verification of Employment – 3 months Verification of OW/ODSP Notice of Assessment for most recent year	

If you are a referral agency, please attach a consent to disclose form from your agency.

Client/Authorized Representative Signature: _____

Date Signed: _____

Please send referral to:

connect@rdssab.on.ca

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