



Ontario Works Division
Social Services Department
82 Erie Street, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll Free: 1-800-669-2948

Housing Stability Bank

Prior approval is required for all benefits

Applicant Information

Name:

Social Insurance Number:

Member ID:

Date of Birth:

Address:

Phone:

Spouse's Information

Name:

Social Insurance Number:

Member ID:

Date of Birth:

City:

Postal Code:

Email:

Are you a participant in the SHOPP program? Yes No

HSW name:

Type of Assistance Requested and Required Documentation

Moving Expenses OR Furniture

Estimate for required furniture items OR
Estimate for Moving Costs

Rental Arrears

Eviction Notice

Energy Arrears

Disconnection Notice OR
Recent Bill Showing Arrears

Tenant Insurance

Quote for Tenant Insurance

Home Repairs

Proof of Homeownership
Estimate for Home Repairs

Last Month's Rent

Signed Lease/Rental Agreement

Whatever It Takes (WIT)

Estimate for Request

Reason for Request:

Number of People in Household

Single (max income \$30,000)

Two People (max income \$32,500)

Three People (max income \$38,000)

Four or more People (max income \$42,500)

Source of Income

OW

ODSP

CPP

Employment

EI

Pension

Other

***All applicants over the age of 16 must provide 6 months of bank statements if not on Social Assistance.**

Annual Household Income:

Client Type

Single	Couple
Senior (over 65)	Family (with children under 16)
Victim of family violence	Youth Under 16
Youth (16-25)	I prefer not to answer
Single Parent with Children	

What Gender do you identify with?

Male/Man	Female/Woman
Trans male/trans man	Trans female/woman
Two-spirit	Genderqueer/ non-conforming
Don't know	Decline to answer
Not listed:	

Indigenous Status

Non-indigenous	First Nations-off reserve
First Nations-on reserve	Inuit
Metis	Non-Status
Unknown	

Citizenship

Canadian Citizen	Permanent Resident/Immigrant
Canadian Citizen born outside of Canada	Refugee
Refugee Claimant	Student Visa
Visitor Visa	Undeclared

Veteran Status

Veteran-Canadian Armed Forces

Not a Veteran

Veteran-Allies

Veteran-Civilian

Former RCMP

Prefer Not to Answer

Accommodation History

Homeless to Emergency Shelter

Emergency Shelter to Transitional Housing

Long-term Housing to Long-term Housing

Consent

I give consent to Social Services staff to contact parties involved in order to process my application for assistance. I acknowledge that I will not be able to access this program for 12 months.

Applicant Signature:

Spouse's Signature:

Date:

Date:

Disclaimer

The Criminal Code of Canada s.s 380(1) states that everyone who by deceit, falsehood or other fraudulent means defraud the public of any property, money or valuable security is guilty of an offence. The Ontario Works Act 1997 /section 79 states that a person who knowingly obtains or receives a benefit he/she is not entitled to obtain or receive under the Act and Regulations is guilty of an offence.

Notice of Collection

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Ontario Disability Support Program Act, 1997, sections 5, 10, 45 and 46 and the Ontario Works Act, 1997, sections 4, 8, 15, 57 and 58. The personal information collected will be used for the purpose of administering Government of Ontario Social Assistance Programs. Questions about the collection and use of this information under the Municipal Freedom of Information and Protection of Privacy Act may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1 or by telephoning 271-0250, ext. 5329.

Accessibility for Ontarians with Disabilities Act, 2005

Should you require this document in an alternate format please contact City of Stratford Social Services at 519-271-3773 or socialsrv@stratford.ca



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Client Consent for Data Collection and Release of Information Homeless Management Information System (HMIS)

The City of Stratford is the designated Service Manager who receives and delivers provincial and federal housing and homelessness investments throughout Perth County, including to the City of Stratford, Town of St. Marys, Municipality of North Perth, Township of Perth South, Municipality of West Perth, and the Township of Perth East. The City of Stratford and its local community partner agencies administer funding to ensure that emergency shelter, housing support, and homelessness prevention services are provided to eligible individuals and families who are experiencing homelessness or housing instability. In order to deliver and review programs to ensure that the services are meeting the needs of households in the community, information about you as a service participant will be collected.

As a service participant in one of these funded programs, you may receive services from one or many partner agencies. As you receive services, personal information will be collected about your housing and support needs, the services that you receive, and the outcomes of those services.

To ensure that you have access to the supports that you need, it may be important for relevant information to be shared among the partner agencies. Only information related to obtaining and maintaining your housing will be collected and accessed by partner agencies. Names of the partner agencies are available from the City of Stratford and can be requested at any time by contacting the Ontario Works Division Manager at (519) 271-3773 ext. 260.

What is the purpose of this form?

By signing this form, you are giving permission to have information about you and your dependents collected and shared with partner agencies within the City of Stratford Service Manager Area that help provide emergency shelter, housing support, and homelessness prevention services.

What information will be collected and shared?

With your consent, any relevant housing and housing support information may be collected at intake and shared with partner agencies as needed. This may include but is not limited to: personal identifying information about you, your partner, and any dependents (such as name, date of birth, gender, phone number etc.), your experience with homelessness, household income, basic medical, mental health and substance use, and additional details such as employment history, income, and information collected through common assessment tools (e.g. VI-SPDAT). This information will be used to assess the services and benefits for which you may be eligible.

It is important for you to understand that:

- Your personal information will not be shared with any agency other than a partner agency unless:
 - i. required to do so by law
 - ii. you are under 18 years old and may be at-risk for abuse or harm
 - iii. you give specific consent to share your information with an agency that is not an approved partner
- At any time, you can request a list of the personal information that has been collected about you, with whom it is being shared, and what it is being used for. You can request the information by contacting Ontario Works Division Manager at (519) 271-3773 ext. 260.
- Information that is being collected will be entered into a Homeless Management Information System (HMIS), including but not limited to the Homeless Individuals and Families Information System (HIFIS). A HMIS is a database that safely stores your information. Approved partner agencies delivering housing and support programs may have access to information stored within the HMIS.
- To help support the continued investment into homelessness and housing programs, and to support reviews of services and how they are working, the City of Stratford may share non-identifying, aggregate data in community reports as well as reports to the Province of Ontario and the Government of Canada. Identifying information about you will not be shared.
- Providing consent for your information to be shared among partner agencies is voluntary.
- You may remove consent at any time by contacting the City of Stratford. If you choose to remove consent, all information collected up until such time will be hidden in the HMIS.
- You understand that removing or denying consent may impact your ability to obtain certain programs and supports in a timely manner.

By signing this form:

- I give permission for my personal information to be entered into a HMIS.
- I give permission for the personal information of my dependents to be entered into a HMIS.
- I understand that this information may be shared among partner agencies in the City of Stratford service manager area where I receive services and supports.
- I understand that I have the right to receive an electronic or paper copy of all information shared between agencies if requested.
- I understand that I can cancel this authorization at any time by written request to the City of Stratford, or by contacting the Ontario Works Division Manager at (519) 271-3773 ext. 260. If I remove my consent, any information collected up to the time of cancellation will remain hidden in the database.

- I understand that the City of Stratford and partner agencies will keep my information private using strict privacy policies. I have the right to review their privacy policies.

Client Consent for Data Collection and Release of Information

Name:

Date of Birth (DD/MM/YYYY):

Signature:

Date:

Notice of Collection

The personal information requested on this form is collected by The Corporation of the City of Stratford under the authority of the Municipal Act and will be used for the purpose as described above. Questions about the collection and use of this information under the Municipal Freedom of Information and Protection of Privacy Act may be made to the Ontario Works Division Manager at (519) 271-3773 ext. 260.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.