

Ryandale Transitional Housing Referral Form



Preamble

The Ryandale Transitional House focuses on long-term, sustainable solutions to homelessness. This program offers highly affordable accommodation for up to one year for seven individuals who have demonstrated the desire and ability to achieve independent living. The Transition House provides residents with life-skills training to inspire permanent housing, life-management, and positive community involvement in the near future.

Residents of the Ryandale Transitional House experience a home-like environment supported by staff and other residents with similar experiences and needs. The home environment at Ryandale is comfortable and welcoming, where each resident has their own private room and common areas where residents can socialize, use the Internet, read and watch TV.

Currently, in its operations as a supportive transitional house, the Board shares information about community resources to help residents establish a more stable and secure life for themselves. The Board is committed to maintaining a leadership role within the community to address current issues surrounding homelessness in a proactive, results-oriented manner.

An outdoor ramp and lower-floor accommodation, kitchen and bathroom facilities enable persons with mobility issues to benefit from Ryandale Shelter's services.

The Board and Staff continue to work to improve and enhance programming provided to the residents as things change around us. Our residents are referred to the Transitional House by emergency shelter workers, addiction centers, and Corrections Canada.

Please note: Ryandale no longer operates an emergency short-term shelter. If this is your client's need then we would encourage you to contact [Home Based Housing](#) to discuss other options.

Disclaimer:

This referral to Ryandale does not automatically ensure acceptance as a resident. Once the referral is received, our House Manager will contact you to set up a face to face interview with your client following which a final decision will be made.

Please Complete the following and save a copy to your local drive; then e-mail it to ryandaleshelter@cogeco.net.

Background Information

Name of Client

Last name

First Name

Date of Birth (MM/DD/YYYY)

Phone Number

Current Address

None

See Below

Number and Street

City

Referring Agency/Organization Information

Name of Agency/Organization

Name

Position/Title

E-mail

Phone Number

Please indicate
the best way to
contact you

In order to ensure compliance with PHIPA (for Health Care Professionals) and/or your own agency's policy regarding the release of confidential information, please check below that the client has been advised regarding the uses and limits of sharing information and that an appropriate release of information is on file.

I agree with the above

Ryandale may also share information regarding a resident in compliance appropriate release of information requirements.

In the space provided below please provide background details that identifies those issues that have contributed to your client being chronically homeless. Also please provide details regarding their current situation, support systems and factors that may be important to sustain their motivation to change.

History/Assessment

While Ryandale has no expectations that current or prospective residents do not have a criminal record, given our location in the City, we cannot accept residents who have a history of violence or sex offences. Please check below that you client has neither of these in their background.

I acknowledge the above

If you wish to assist us in improving this form or have just want to leave a comment, please do so directly through our [e-mail](#) or through our Contact page on our [website](#). Thank you.