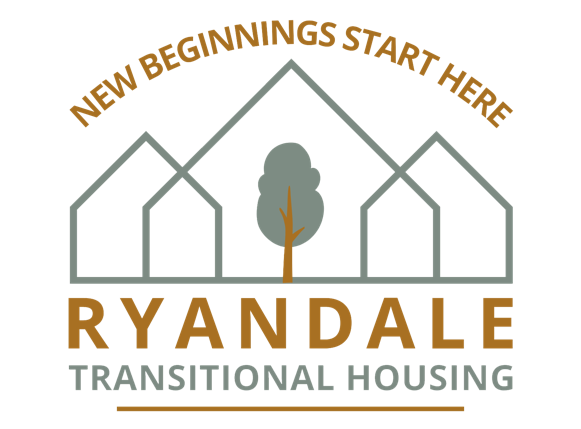
**A close-up of a logo

Description automatically generated**

**Referral Form**

Ryandale Transitional Housing focuses on long-term, sustainable solutions to homelessness. Ryandale offers affordable accommodation for up to one year to people who

* identify as male
* are over the age of 24
* are clean and sober
* have no history of violent crime against people or property
* have no history of sex offences, and
* are at risk of, or are experiencing, homelessness.

Applicants should have demonstrated the desire and ability to achieve independent living. **If your client does not meet these intake criteria, please do not apply.**

The Transition Houses offer support with life skills to assist with permanent housing, life management and positive community involvement. Staffing levels differ between locations. Each occupant has a private, furnished room and shared access to a kitchen and bathroom. Internet and telephone access are provided. Ryandale no longer offers emergency short-term shelter.

Ryandale is a non-judgmental transitional housing provider. We encourage residents to take responsibility for their actions, both in the past and in the future. During the application and interview phase, an applicant will be asked questions relating to

* drug and alcohol use
* physical and mental health status, and
* previous criminal charges.

Giving misinformation, or not providing a complete history when asked during the application process, may result in rejection of the application.

**\*This referral does not guarantee acceptance. Once a referral has been received, a staff member will contact the applicant to set up an interview. When a decision has been made, they will be informed.**

Please complete the following and send it to referrals@ryandale.ca

**Referrer Information**

Name: Agency Name:

Position/Title: Phone and extension:

Email Address: What is the best way to contact you?

In order to ensure compliance with PHIPA 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.

**\_\_ I agree with the above**   
  
*\*Ryandale may share information regarding a resident with other agencies in compliance with appropriate release of information requirements.*

**Applicant Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the applicant require an accessible room? Y/N If yes, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does the applicant have any physical health issues or allergies? Y/N

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Health Care Provider: Current medications? Y/N **If yes, fill out form attached.**

4. Has the applicant served in the military? Y/N **If yes, are they in touch with VAC?** Y/N   
Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does the applicant have addiction issues? Y/N If yes, how long have they been clean/sober? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does the applicant have a mental health diagnosis? Y/N **If yes, please attach medication records and case notes.**

7. Does the applicant have a criminal record? Y/N **If yes, please attach a copy of the criminal record.**

**\*Ryandale does not accept applicants with a record of violent crime against people or property.**

8. Applicant’s current source of income: ODSP OW EMPLOYED NONE

Caseworker or Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What supports, if any, is the applicant accessing?

▢Food ▢Housing ▢Health care ▢Mental health care ▢Dental

▢Community groups ▢AA ▢NA ▢Employment ▢Upgrading

10. Please provide any other notes, history and assessment information here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_