

INDIGENOUS SHELTER DIVERSION SUPPORT COVID-19 RESPONSE FUND

Referring Agency: _____

Referral Contact: (First and Surname): _____

Referring Agency is willing to continue to support the client during and post financial assistance to ensure their basic needs and case management support is provided?

yes no

If no, please explain: _____

CONTACT:

Primary Phone: _____ Ext: _____

Secondary Phone or Cell: _____

Email: _____

REFERRING CLIENT :

Applicant - Primary Family Member

(First and Surname): _____

Address:

Unit: _____ Street: _____ Quadrant: _____

Postal Code: _____

Primary Phone: _____

Alternative contact number for message: _____

Email: _____

INDIGENOUS BACKGROUND			
INDIGENOUS IDENTITY: <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT			
DO YOU HAVE STATUS? <input type="radio"/> YES <input type="radio"/> NO			
<i>If First Nations (status):</i> NATION: _____ BAND NAME: _____ TREATY AREA: _____	<i>If First Nations (non-status):</i> NATION: _____ BAND NAME: _____ TREATY AREA: _____	<i>If Métis:</i> AFFILIATION: <input type="radio"/> Y <input type="radio"/> N SETTLEMENT: _____ METIS NATION MEMBER REGION: _____ # _____	<i>If Inuit:</i> REGION: _____ INUIT BACKGROUND: _____

Family Demographics (All Individuals in the household including Primary Applicant)				
NAME	FAMILY MEMBER STATUS	GENDER	DATE OF BIRTH & AGE	IDENTIFICATION – TYPE AND NUMBER*

**Add copies of identification for each family member*

APPLICATION SITUATION:
(Check all that applies- provide income verification and documentation on employment situation)

- Reduced Hours of employment
- Employment terminated due to COVID
- Laid off due to COVID
- Obtaining CERB, but is less than regular income prior to COVID
- Seasonal employment delayed or cancelled due to COVID
- Dual employment family- one partner lost employment or laid off or hours reduced due to COVID
- Have not been eligible for CERB
- Have been hospitalized or injured and unavailable to work awaiting funding support
- Other: _____

REASON FOR REFERRAL:

(Check all that apply)

- Prevent Eviction Date of Eviction: _____
- Rental Arrears Amount: _____
- Damage Deposit to move to more affordable rental option Amount: _____
- Damage Deposit due to Eviction Amount: _____
- Short Term Subsidy Amount per month: _____
- Utility Disconnection Pending Date of Disconnection: _____
- Utility Arrears due to deferrals

PROVIDE VERIFICATION OF THE ABOVE REASONS:

- Eviction Notice
- Landlord letter of arrears without Eviction Notice
- Damage Deposit – Rental Report or Lease with verification of what is owed
- Short Term Subsidy – Verification of employment return date and/or of hours working
- Utility Disconnection Notice
- Utility Arrears Notification
- Other Documentation: _____

LANDLORD CONTACT:

Name: (First and Surname) _____
Phone: _____
Email: _____

AGENCY NOTES:

Send Completed Applications to attention: Shelter Diversion Administrator:
covidshelterdiversion@gmail.com