

WINDSOR ESSEX BY-NAMES PRIORITIZED LIST ADDITION & UPDATE ONLINE FORM GUIDE

This guide provides a step-by-step process for completing both New and Update entries within the By-Names Prioritized List online form. All administrators completing entries are required to complete training and this guide is not meant to substitute these training sessions. For further information regarding training, please contact Ashley Van Der Mark at avdm@hislscdg.com.

COMPLETING A NEW REFERRAL

When completing a new referral, ask all questions and record answers. If the answer is unsure or question is declined, record the answer accordingly.

See below for detailed outlines of each section.

Application Type

- ✓ Select “New” for application type;
- ✓ Date will pre-populate and cannot be changed; and
- ✓ Consent must be completed in order to process an entry.

Submit application

* Indicates the field is required.

Application

Application Type * New Update

Date 1/30/2018

* I confirm that I have written and/or provided verbal consent to disclose the information contained in this form with a variety of community stakeholders as it pertains to the Windsor Essex By-Names Prioritized List administered and managed by the City of Windsor.

I withdraw my consent to disclose information contained in the Windsor Essex By-Names Prioritized List administered and managed by the City of Windsor.

Applicant Information

- ✓ Mandatory fields include first and last name; and
- ✓ Street address includes where a person receives their mail.

Applicant					
Unique Identifier	<input type="text"/>				
First Name *	<input type="text" value="John"/>	Last Name *	<input type="text" value="Doe"/>		
Preferred Name	<input type="text" value="Johnny"/>	Preferred Language	<input type="text" value="English"/>		
Street Address	<input type="text" value="1234 Windsor Street"/>		City	<input type="text" value="Windsor"/>	
Province	<input type="text" value="Ontario"/>	Country	<input type="text" value="Canada"/>		
Phone Number	<input type="text" value="519 123 4567"/>	Email	<input type="text" value="doe@email.com"/>	Gender	<input type="text" value="Male"/>
Date of Birth	<input type="text" value="1/1/1985"/>	Age	<input type="text" value="32"/>	<input type="radio"/> Unsure <input type="radio"/> Declined	

Other Information

- ✓ If alternate contact is listed, permission to speak with the person must be indicated for the information to be recorded;
- ✓ Must indicate whether the person would like to access supports and services with the listed spouse; and
- ✓ If no alternate contact or spouse, section can be left blank.

Alternate Contact Information			
First Name	<input type="text" value="Jane"/>	Last Name	<input type="text" value="Doe"/>
Phone	<input type="text" value="519 123 4567"/>	<input checked="" type="checkbox"/> (Check if Yes)	Do we have your permission to speak to this person regarding you and the personal and confidential information in this form?

Partner / Spouse				
First Name	<input type="text" value="Jane"/>	Last Name	<input type="text" value="Doe"/>	
Date of Birth	<input type="text" value="1/16/1985"/>	Age	<input type="text" value="33"/>	<input type="radio"/> Unsure <input type="radio"/> Declined
Would you like to access supports and services with your partner?	<input type="text" value="Yes"/>			

Additional Information

- ✓ Household Type:

Single Adult Individual, 25 years and older;

Family Couple without children; Parent(s) with children; and

Youth Person(s) aged 24 years or younger.

- ✓ Current Sleeping Arrangements should list the place where a person(s) most frequently sleeps.

Additional Information					
Household Type	Family	Children in Household?	No	Number of Children in Household?	
Expecting?	No	Veteran?	Declined		
Indigenous Status Identified?	Yes	Indigenous Services Requested?	Yes		

Residing In / Connected With / Sleeping Arrangements			
Community Currently Residing In / Connected With	Windsor - Downtown	Other - specify	
Current Sleeping Arrangements			
<input type="checkbox"/> Street/Outdoors	<input type="checkbox"/> Emergency Shelter	<input checked="" type="checkbox"/> Couch Surfing	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Hospital	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Current Unit

History of Homelessness

- ✓ Episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location (ie: Street → Shelter → Housed (two months) → Shelter = two episodes of homelessness).

History of Homelessness			
How long has it been since you have lived in permanent stable housing?	Years 1 Months 3		
Number of episodes of homelessness in the last 12 months	3	Date Housing Search Began	6/1/2017

Other Information

- ✓ Income Sources;

OW: Ontario Works;
ODSP: Ontario Disability Support Program;
OSAP: Ontario Student Assistance Program;
CPP: Canada Pension Plan;
OAS: Old Age Security;
GIS: Guaranteed Income Supplement; and
WSIB: Workplace Safety & Insurance Board.

- ✓ There is no limit to how many services a person(s) can choose.

Source of Income			
<input type="checkbox"/> OW	<input checked="" type="checkbox"/> ODSP	<input type="checkbox"/> OSAP	<input type="checkbox"/> Self-Employment
<input checked="" type="checkbox"/> CPP	<input type="checkbox"/> OAS	<input type="checkbox"/> GIS	<input type="checkbox"/> WSIB
<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Veteran Pension		
If possible, include OW/ODSP workers's name and phone number.			
Worker's Name	<input type="text"/>	Worker's Phone #	<input type="text"/>

Services Requested			
<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Addictions	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Legal	<input type="checkbox"/> Health Care	<input checked="" type="checkbox"/> Counselling	<input checked="" type="checkbox"/> Dentistry
<input type="checkbox"/> Employment	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Trusteeship

VI-SPDAT

- ✓ Ensure appropriate VI-SPDAT is completed

VI-SPDAT: Individual adults, 25 years and older.
If couple with no children, complete VI-SPDAT with each individual.

TAY-VI-SPDAT: Youth, 16-24 years old.

F-VI-SPDAT: Parent(s)/guardian(s) with dependent children in their care.

JD-VI-SPDAT: Justice discharge planning.

PR-VI-SPDAT: Prevention/Re-Housing, Individual adults or families.
Imminent risk of losing housing.

- ✓ If VI-SPDAT is declined, indicate on form.

VI-SPDAT

VI-SPDAT Declined **VI-SPDAT Completed Date**

VI-SPDAT (Single Adult) TAY-VI-SPDAT (Youth) VI-F-SPDAT (Family) JD-VI-SPDAT (Justice Discharge)

Score **Score** **Score** **Score**

Agency Information

- ✓ Each field in this section is mandatory; and
- ✓ Input name of person who administered VI-SPDAT if different to person submitting form.

Agency Information

Agency completing the form * **Staff submitting the form ***

Phone Number * **Email ***

Staff name who administered VI-SPDAT (if different)

Submit

COMPLETING AN UPDATE

When completing an update, only mandatory fields and fields pertaining to changed and/or new information should be completed. If information has not changed since last submitted entry, fields should be left blank. If update is being completed on hard copy form, online submission must be completed within one business day.

- ✓ Unsure update is chosen for application type;
- ✓ Consent is required to proceed with submission; and
- ✓ If person(s) is withdrawing consent, indicate in this section.

Application	
Application Type *	<input type="radio"/> New <input checked="" type="radio"/> Update
Date	1/30/2018
<input type="checkbox"/>	I confirm that I have written and/or provided verbal consent to disclose the information contained in this form with a variety of community stakeholders as it pertains to the Windsor Essex By-Names Prioritized List administered and managed by the City of Windsor.
<input checked="" type="checkbox"/>	I withdraw my consent to disclose information contained in the Windsor Essex By-Names Prioritized List administered and managed by the City of Windsor.

Applicant Information

- ✓ Mandatory fields include first and last name and unique identifier; and
- ✓ If unique identifier is unknown, input “N/A”.

Applicant	
Unique Identifier *	<input type="text" value="N/A"/> <small>If unknown, please enter "N/A".</small>
First Name *	<input type="text" value="John"/>
Last Name *	<input type="text" value="Doe"/>

Update Specific Information

- ✓ Assigned agency and program name to be completed when a person(s) is matched with supports and services;

- ✓ Date documents collected refers to date which all needed documents and forms have been completed and received for a person to be housed and/or accepted into ongoing supports and services; and
- ✓ Housing types;

PMR: Private market rent;
HOW's: Housing with supports; and
RGI: Rent geared to income.

Agency Match / Housing Updates / Other Information					
Assigned Agency	<input type="text"/>	Program Name	<input type="text"/>		
Date Documents Collected	<input type="text" value="month/day/year"/>	<input checked="" type="checkbox"/> Service Provision Refused	Date Refused	<input type="text" value="month/day/year"/>	
Date Housed	<input type="text" value="2/1/2018"/>	Housing Type	<input type="text" value="PMR"/>		
Housing Location	<input type="text" value="City"/>	Other - specify	<input type="text"/>		
Date of Last Contact	<input type="text" value="month/day/year"/>	Date Left Community	<input type="text" value="month/day/year"/>	Date Deceased	<input type="text" value="month/day/year"/>

Agency Information

- ✓ Mandatory fields that must be completed to successfully submit an update entry

Agency Information			
Agency completing the form *	<input type="text" value="Community Partner Name"/>	Staff submitting the form *	<input type="text" value="Administrator Name"/>
Phone Number *	<input type="text" value="519 123 4567"/>	Email *	<input type="text" value="email@email.com"/>
Staff name who administered VI-SPDAT (if different)	<input type="text"/>		

Submit

Please direct all inquiries to Ashley Van Der Mark (avdm@hislscdg.com) or Kelly Goz (kgoz@citywinsor.ca)