



**To be completed by HCRT agency partner staff**

**Eligibility Considerations:**

Peterborough - HCRT is currently only for those who have a history of homelessness, score “high” on the VI-SPDAT or full SPDAT, and provide consent to be placed on the HCRT Priority List.

Intake Date:		New Referral : <input type="checkbox"/> YES <input type="checkbox"/> NO	
Referring Agency:		Referring Worker:	
Household type: <input type="checkbox"/> Single <input type="checkbox"/> Family # of children under 18 _____			
First Name:		Last Name:	
Nickname or AKA (if one):		Gender Identity:	
<input type="checkbox"/> Veteran <input type="checkbox"/> RCMP		Indigenous / Indigenous decent: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Age: <input type="checkbox"/> Youth (16-24) <input type="checkbox"/> Senior (60+)		Date of Birth: year/month/day	Income:
<input type="checkbox"/> VI SPDAT Score:	<input type="checkbox"/> Full SPDAT Score:	Date of SPDAT	Name and Contact Information for Person who administered the VI-SPDAT or Full SPDAT (if different from person submitting form):
Current Housing/Shelter Situation: <input type="checkbox"/> Shelter <input type="checkbox"/> Outside <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Other Details:			
Previous accommodation: <input type="checkbox"/> Correctional Institution <input type="checkbox"/> Hospital <input type="checkbox"/> Market Rent <input type="checkbox"/> Supported Housing <input type="checkbox"/> Rent Supplement <input type="checkbox"/> Family <input type="checkbox"/> Unsheltered <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Other Emergency Shelter <input type="checkbox"/> Other _____			
Information that will help remove any barriers to finding/keeping housing:			



# Homelessness Coordinated Response Team

## Information Regarding Consent for the Homelessness Coordinated Response Team (HCRT) and the HCRT List

### What is HCRT?

HCRT – The Homelessness Coordinated Response Team is a group of agency representatives working together to help individuals and families experiencing homelessness to find permanent, affordable housing – and then help them stay housed. HCRT is intended to link housing resources and support services together to form a coordinated team response for those experiencing homelessness or who are at risk of homelessness.

### What is the HCRT List?

The HCRT List aims to match homeless individuals and families to housing and support services based on their unique needs. People identified as being at the greatest risk are offered available housing and supports first. When housing options are not readily available, the By-Name List can identify eligible people and link them to extra supports to help keep people safe while looking for housing solutions.

### What information is shared at HCRT?

- Information contained on the HCRT Intake Form (first page) and VI-SPDAT survey tool.
- Information that will assist in securing and maintaining stable permanent housing.
- Information that will help remove any barriers to obtain and maintain permanent housing.
- Sometimes Personal Health Information, or legal information will be shared – as it relates to a persons ability to find and maintain housing

### Who will see the information?

Staff from agencies who are part of the housing stability system in Peterborough, who have signed a confidentiality agreement, and who are working together to help individuals and families find and keep safe and appropriate housing. These agencies include:

- **City of Peterborough Social Services**
- **MCSS Peterborough – Ontario Disability Support Program ODSP**
- **Four Counties Addictions Services Team**
- **C.M.H.A – HKPR.**
- **Brock Mission/ Cameron House**
- **YES – Shelter for Youth and Families**
- **CCRC- Housing Resource Centre**
- **Warming Room and Outreach- a Ministry of St. John's Anglican Church**
- **Crossroads**
- **Peterborough Police Service**
- **Peterborough Regional Health Centre**

### What if I change my mind about giving consent?

You can remove your consent at any time by speaking to staff at the agency that referred you. You should let them know that you do not want information shared about you any longer. Your information will be removed from the HCRT By Name List and moved to the Inactive list.

### What if there's some information that I don't wish to share?

If you feel that some of your information is sensitive or that sharing some of your personal information could impact your safety, please let staff know.

### Are there times when information may be shared without my consent?

Agency staff are required to share personal information if:

- A child has experienced or may be at-risk of abuse or harm
- If a person is a threat to themselves or another person
- If a court order requires information be shared
- If a serious incident involving a resident occurs on shelter or agency property



## **Multi–Agency Consent for Release and Exchange of Information**

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_

of \_\_\_\_\_ authorize the  
**Homelessness Co-ordinated Response Team (HCRT) to:**

**Release to Request from the following agencies:**

**City of Peterborough Social Services  
MCSS Peterborough – Ontario Disability Support Program ODSP  
Four Counties Addictions Services Team  
C.M.H.A – HKPR.  
Brock Mission/ Cameron House  
YES – Shelter for Youth and Families  
CCRC- Housing Resource Centre  
Warming Room and Outreach- a Ministry of St. John’s Anglican Church  
Crossroads  
Peterborough Police Service  
Peterborough Regional Health Centre**

**Pertinent information that relates directly to my search for housing and barriers that relate to my search for housing, including the risk of imminent homelessness.**

I understand that by signing this form I consent to be added to the HCRT List and the sharing of this information between agencies in the housing stability system in order to be linked to appropriate support to housing services when available.

I understand that the HCRT agencies shown above and their staff operate as a team. This team approach allows the agencies and their staff to assist me to secure and maintain stable permanent housing.

I understand that providing my consent will allow any and all agency staff to speak with each other and to liaise with other community agencies to enhance my potential to obtain and maintain permanent housing.

I understand that the HCRT agencies who work with me or on my behalf will consult with me and each other about my housing needs. This may include information about my personal health and legal issues that may impact my housing needs.

I understand the identified agencies will share information about me to the extent necessary for them to plan, provide and evaluate the service(s) that I have requested and/or received.

HRCT agencies will neither request from each other, nor provide to each other, information which is not directly related to assessing or removing barriers to resolving my housing needs.

I understand my consent to participate with the HCRT team is completely voluntary and that I may withdraw my consent at any time to any or all of the agencies. I understand that I can refuse to sign this consent form. I understand that my consent is valid until such time as I withdraw my consent, either in writing or verbally, or, until my file closes.

I further understand that if I have any questions about this consent form I can contact:

\_\_\_\_\_ at 705-\_\_\_\_\_

\_\_\_\_\_  
**(Signature of Client/Guardian/Trustee)**  
**(DD/MONTH/YYYY)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Signature of Witness – Signed in the presence of the above)**  
**(DD/MONTH/YYYY)**

\_\_\_\_\_  
**Date**

This information is collected under the legal authority of the *Municipal Act, 2001*, sections 9 and 10, and the City of Peterborough By-law 14-147, for the purpose of administering services and supports through the Homelessness Coordinated Response Team programs and measuring outcomes for further development of the program.  
For more information contact: Social Services Program Manager, 178 Charlotte Street PO Box 4138, Peterborough, ON K9J 8S1; tel: 705-748-8830 / [socialservices@peterborough.ca](mailto:socialservices@peterborough.ca)