



URGENT STATUS APPLICATION FORM

WHO MAY COMPLETE THIS FORM AND LETTER: A physician, lawyer, a staff person from an emergency shelter, community health agency, law enforcement, social work fields, and clergy.

NOTE TO PERSON COMPLETING THIS SECTION: Your patient/client has applied for social housing through Urban Native Homes Incorporated and may be eligible for urgent status. Urgent Status is reserved for persons whose situation corresponds to the definition below.

The information which you provide will assist us in appropriately assessing whether this applicant is eligible for Urgent Status. The confidentiality of your report will be retained in accordance with the Freedom of Information and Protection of Privacy Act. This information will be reviewed by Urban Native Homes Incorporated staff and if urgent status is assigned, the applicant will be notified accordingly. Thank you for your assistance.

DEFINITION OF URGENT STATUS: Person(s) whose personal safety is significantly at risk and legal interventions have been exhausted or person(s) with a terminal illness.

PLEASE ANSWER QUESTION 1 OR 2 REGARDING (Applicant): _____
and attach supporting documents as outlined below.

QUESTION #1

The applicant / or household member is suffering from a terminal illness. YES NO

A medical letter of verification is required to complete this application for urgent status due to terminal illness.

QUESTION #2

A) There has been a history of this applicant's personal safety being at risk: YES NO

OR

B) There has been an incident of serious nature which indicates or suggest that the applicant is likely to be in danger of serious future harm should the applicant return to or remain in the situation: YES NO

C) The applicant has attempted to utilize legal options: YES NO

A letter of verification must be attached outlining the nature of the applicant's situation and remedies that have been attempted to resolve the situation. Please attach any supporting documents.

ASSESSMENT & LETTER COMPLETED BY:

Name:	Phone:
Agency:	Position:
Address:	City:
Postal Code:	Signature:
	Date:

APPLICANT MUST COMPLETE PAGE 2

THIS PAGE TO BE COMPLETED BY THE APPLICANT

Authorization to Complete Verification for Urgent Status Form

I hereby authorize the completion of this form on my behalf, and its use by Urban Native Homes Incorporated. I also authorize Urban Native Homes Incorporated to contact the person completing this form and letter for the purpose of clarification if necessary.

Last Name: _____ First Name: _____
Address: _____ City: _____
Home Phone: _____ Bus. Phone: _____
S.I.N.: _____ Today's Date: _____
Signature: _____
