



Priority Access Referral: Homelessness

You must complete all sections of the form.

The Nova Scotia Provincial Housing Agency (NSPHA) works across government and with community partners to prioritize access to public housing for people who are experiencing homelessness.

If an applicant who is eligible for public housing can demonstrate they are experiencing homelessness, they may qualify for priority access under the Priority Access Homelessness Stream and be added to the priority access waitlist. Public housing units are allocated to eligible priority access applicants in chronological order.

An applicant is experiencing homelessness if they meet one of the following criteria:

- Sleeping rough in a public space, such as a park, sidewalk, or underpass due to lack of permanent shelter
- Staying in an emergency homeless shelter or transition house
- Sleeping in a car, van, or motor vehicle due to not having a permanent shelter
- Couch surfing and/or living with friends or family on the basis that it is a temporary arrangement
- Staying in a hotel that is a short-term arrangement

Examples of circumstances that do not meet the criteria for the Priority Access: Homelessness Stream include, but are not limited to:

- Being at risk of homelessness in the future
- Living in student housing
- Living in a secondary residence (e.g., vacation home, cottage)
- Living in inadequate housing (see **Priority Access Referral: Inadequate Housing**)
- Fleeing violence (see **Priority Access Referral: Family Violence**)

Due to the rapidly changing circumstances of those who are experiencing homelessness, the criteria used to determine eligibility for priority access to public housing is subject to change.

To be granted approval for priority access to public housing under the Homelessness Stream, applicants must provide the following documents to their NSPHA district office:

1. Public Housing Application (completed by the applicant)
2. *Priority Access Referral: Homelessness* (completed by the applicant and qualified professional)

How to complete this referral form

Applicants experiencing homelessness may be eligible for priority access to public housing if a qualified professional working for a recognized organization in the field of homelessness has supported them for at least **30 days prior to referral**.

A qualified referring professional from the list below must complete, date and sign section B.

- Housing support worker
- Support worker or case manager from the homeless shelter or transition house where the applicant is staying
- Professional whose role is like that of a housing support worker or case manager

Referrals from organizations outside of the Department of Community Services' Service Provider Network must confirm their legitimacy and capacity to honour a housing support agreement for the applicant at time of housing offer when completing this form.

Professional referrals cannot be completed by an applicant's friend, neighbour or relative.

If you or your referring professional have any questions or concerns about qualifying for priority access to public housing due to homelessness, please contact your district office by email using the information provided at the end of this referral form.

A good thing to know... *If there are any changes to your housing needs after you apply to public housing (for example, if you require an extra bedroom), you should contact your NSPHA district office or use the NSPHA online applicant portal (nspha.ca) to ensure we have your updated information.*

Section A: To be completed by the applicant

1. Applicant Information

Last Name: _____

First Name: _____

Date of Birth: _____

If you have an existing Public Housing application, please provide your Client P Code below: _____

Section A: To be completed by the applicant

2. Contact Information

We recognize that people applying to public housing under the Priority Access Homelessness Stream do not have a fixed address. However, we must be able to reach you. To ensure that we can contact you, you may provide alternate information to receive mail relating to your application. Work with your referring professional to select the most appropriate option for you.

Complete the contact information below **ONLY if you need to update** your contact information or provide an alternate contact not currently listed in your public housing application.

Please only provide contact information where it is safe for us to contact you.

	Whose information is provided?
Phone: _____	<input type="checkbox"/> Applicant <input type="checkbox"/> Alternative
Email: _____	<input type="checkbox"/> Applicant <input type="checkbox"/> Alternative
Street Address: _____	<input type="checkbox"/> Applicant <input type="checkbox"/> Alternative
City/Town: _____	
Province: _____	Postal Code: _____
Name of alternate contact: _____	
Relationship to applicant: _____	

3. Applicant Acknowledgement – please read carefully

If I am eligible for priority access to public housing:

- I will be placed on waitlists for all properties in my municipality that are suitable based on my household size.
- Only the number of bedrooms I need, and my accessibility requirements will be considered when determining suitable units for my household. This means that smoking, pets or parking preferences may not be met when I am offered a unit.
- Priority access applicants must accept the first unit that they are offered. That means if I refuse the first unit offered to me by NSPHA I will lose my priority access status and be placed on the general public housing waitlist.
- I understand and agree to the conditions outlined above.

Applicant Signature: _____

Date: _____

Section B: To be completed by the qualified professional

1. Eligibility Criteria Checklist

The applicant named above is experiencing homelessness and meets one of the following criteria:

- Sleeping rough in a public space, such as a park, sidewalk, or underpass due to lack of permanent shelter
- Staying in an emergency homeless shelter or transition house
- Sleeping in a car, van, or motor vehicle due to not having a permanent shelter
- Couch surfing and/or living with friends or family on the basis that it is a temporary arrangement
- Staying in a hotel that is a short-term arrangement

2. Professional Connection

Length of time supporting applicant in your position: _____

3. Housing Needs

What support is currently being provided to the applicant?

4. Referring Professional Declaration

Name (print): _____

Position/Job Title: _____

Contact Information

Phone: _____

Email: _____

I declare that, to the best of my knowledge, the information I have provided on this form is accurate.

Signature: _____

Date: _____

Section B: To be completed by the qualified professional

5. Organization Verification

4.1 Department of Community Services -Affiliated Service Provider

Complete below **ONLY** if your organization is a Department of Community Services -affiliated service provider.

Organization:

Org. Phone:

Org. Email:

- I declare that my organization is operating in the field of homelessness and actively supporting clients.
 - I will uphold the Housing Support Agreement established between my organization and NSPHA when a housing unit is offered, detailing how my organization will assist the referred client to transition into public housing.
 - I agree that I, or a member of my organization, will provide transitional support to the client for a minimum of three months when they are housed.
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4.2 Non-Department of Community Services - Affiliated Service Provider

Complete below **ONLY** if your organization is **NOT** a Department of Community Services-affiliated service provider.

- Referring organizations must demonstrate legitimacy, be actively operating and supporting clients experiencing homelessness and have the capacity to uphold a housing support agreement.
- The referring professional's working relationship with the client must be in line with that of a housing support worker or case manager for persons experiencing homelessness.
- A person in a supervisory or executive role must sign this form and attest that their organization has the capacity to manage and honour a housing support agreement.

Organizations must provide NSPHA with the following information to verify their legitimacy.

Organization Name:

Executive Director or Supervisor:

Org. Phone:

Org. Email:

Website:

Registry of Joint Stock Companies Number:

Section B: To be completed by the qualified professional

- I declare that my organization is operating in the field of homelessness and actively supporting clients.
- I will uphold the Housing Support Agreement established between my organization and NSPHA when a housing unit is offered, detailing how my organization will assist the referred client to transition into public housing.
- I agree that I, or a member of my organization, will provide transitional support to the client for a minimum of three months when they are housed.

Executive Signature:

Date:

Personal information is collected, used and may be disclosed by the NSPHA in accordance with the *Freedom of Information and Protection of Privacy Act*: [Freedom of Information and Protection of Privacy Act \(nslegislature.ca\)](http://www.nslegislature.ca)

Reminder for Applicants and Referring Professionals!

The Priority Access Referral form is not a substitute for the Public Housing Application form.

- **If you have an existing and active Public Housing Application:**
 - Submit the completed *Priority Access Referral: Homelessness* to NSPHA to the appropriate district using the information below. You DO NOT need to submit a new *Public Housing Application Form*.
 - If you do not know the status of your application, you can check using the Applicant Portal at nspha.ca or contact your district office.
- **If you DO NOT have an existing and active Public Housing Application:**
 - Submit the completed *Public Housing Application Form* either before or at the same time as your *Priority Access Referral: Homelessness* to the appropriate district using the information below.



How to submit your referral form:

Use the information below to submit your referral to the appropriate district.

Metropolitan District:

Serving Halifax Regional Municipality

By Email:

ApplicationsNSPHA.MD@NovaScotia.ca

By Mail:

3770 Kempt Road, Suite #3
Halifax, NS
B3K 4X8

In Person

3770 Kempt Road, Suite #3
Halifax, NS

By Fax

902-420-2815

Questions? Call:

1-800-565-8859 or 902-420-6017

Northern District:

Serving the communities of Guysborough County, Antigonish County, Pictou County, Cumberland County, Colchester County and Hants County (East)

By Email:

applicationsNSPHA.Northern@novascotia.ca

By Mail NSPHA - Northern District:

144 Victoria St. East
Amherst, NS
B4H 1Y1

9 Church St.
Truro, NS
B2N 3Z5

7 Campbell's Lane
New Glasgow, NS
B2H 2H9

PO Box 1373
Antigonish, NS
B2G 2L7

PO Box 249
Guysborough, NS
B0H 1N0

In Person:

144 Victoria St.
East

9 Church St.

7 Campbell's Lane

20 Orchard Terrace

Chedabucto Centre,
H-9996 Hwy 16

By Fax:

902-667-1686

902-897-1149

902-752-1315

902-863-8026

902-533-3029

Questions? Call:

1-833-776-0585

How to submit your referral form:

Use the information below to submit your referral to the appropriate district.

Western District:

Serving the communities of Kings County, Annapolis County, Digby County, Yarmouth County, Shelburne County, Queens County Lunenburg County and Hants County (West)

By Email:

ApplicationsNSPHA.WD@novascotia.ca

By Mail NSPHA – Western District:

25 Kentucky Court New Minas, NS B4N 4N1	PO Box 1000 Middleton, NS B0S 1P0	99 High Street Bridgewater, NS B4V 1V8	10 Starrs Road Yarmouth, NS B5A 2T1
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In Person:

25 Kentucky Court New Minas, NS	101 Magee Drive Middleton, NS	99 High Street Bridgewater, NS	10 Starrs Road (2 nd Floor) Yarmouth, NS
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By Fax:

902-681-0806	902-825-4189	902-527-1357	902-749-1258
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Questions? Call:

1-800-306-3331

Cape Breton Island District:

Serving Cape Breton Island

By Email:

applicationsNSPHA.CBID@novascotia.ca

By Mail NSPHA – Cape Breton Island District:

18 Dolbin Street Sydney, NS B1P 1S5	PO Box 1372 Sydney, NS B1P 6K3
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In Person:

18 Dolbin Street Sydney, NS	15999 Central St. Inverness, NS	218 MacSween St. Port Hawkesbury
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By Fax:

902-539-0330	902-258-3644	902-625-5402
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Questions? Call:

1-800-565-3135