



## Windsor-Essex County HART Hub Referral Form

1453 Prince Road, Windsor, ON N9C 3Z4  
519-257-5111 x.77500 or 77502

If client has accessed HART Hub previously, **please contact 519-257-5111 Ext. 77500 or 77502**

### Client Information:

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Alternate: \_\_\_\_\_  
 DOB: \_\_\_\_\_ (DD-MMM-YYYY) Gender:  Male  Female  Other  
 HCN: \_\_\_\_\_ VC: \_\_\_\_\_  
 If no HCN, please select reason:  Lost/Stolen/Expired Card  Temporary Resident/Refugee  
 Unknown  
 Do You identify as Indigenous?  Yes  No  Prefer not to answer  
 If Yes:  First Nations  Inuit  Métis  Other: \_\_\_\_\_  
 Current Address (if applicable): \_\_\_\_\_  
Street City Postal Code  
 Typical Residence:  Windsor  Essex County  Out of Region

### Basic Requirements for Participation:

- Ontario Resident  
 Age 16+  
 Willing to abstain from all nonprescription drugs while staying at the HART Hub (some over the counter medication is permitted)
- Onsite supports will be provided through withdrawal symptoms and maintaining this change
  - Harm reduction and/or safe supply are not provided or permitted
- Willing to participate in mandatory group programming while staying at the HART Hub  
 Willing to move into the HART Hub living quarters, where all meals, showers, and support are provided

### Referrer's Information:

Provider / Agency / Other: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Provider Billing Number: \_\_\_\_\_  
 Name (please print): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**Please Fax Completed Form: 519-257-5226**



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