



## 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

Address (if applicable): \_\_\_\_\_  
Street City Postal Code

### 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**

