| Date of Birth: (yy/mm/dd) | | | | | | | | | | | | | | | | | | | | Name of Individual: Last, First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CID: | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| *Incomplete Referrals will not be processed and will be returned* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client / Patient Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Card: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Version code: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred mode of contact: | | | | | | | | | | | | | | |  | | | | | | Home | | | |  | | Cell | | | | | Can we leave a message: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | |
| Is an interpreter required: | | | | | | | | | | | | | | |  | | | | | | Yes | | | |  | | No | | | | | Language: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred mode of contact: | | | | | | | | | | | | | | |  | | | | | | Home | | | |  | | Cell | | | | | Can we leave a message: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | |
| Is an interpreter required: | | | | | | | | | | | | | | |  | | | | | | Yes | | | |  | | No | | | | | Language: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral source: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Name: | | | | | |  | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | | | | | | | |
| Staff completing referral: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Position: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does this individual have mental health support from the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ACTT | | | | |  | | | FACTT | | | | | | | | |  | | | | Support Coordination | | | | | | | | | | | | | |  | | | COTT | | | | | | |  | | | | | Stepdown | | | | | | | | |  | | | | Other | | | | | | | | |
| If other, describe: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If No, is this individual on the Adult Intensive Services wait list? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| If No, proceed to complete an Adult Intensive Services Referral Form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please Note: If the individual does not meet the mandatory core criteria (below – Questions 1-6), do not proceed with the Supportive Housing Referral.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thresholds Homes and Supports Supportive Housing Mandatory Core Criteria Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 18+ years of age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| 1. Do you have a serious and persistent mental health diagnosis from a medical professional? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | No\*\* | | | | | |
| *\*If you answered YES to question 2, complete below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of diagnosis: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Physician name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*\*If you answered NO to question 2, complete below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a diagnosable mental health issue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| Please explain: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Do you have a primary diagnosis of substance use? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | No | | | | | |
| *\*If you answered YES, please complete concurrent supportive housing referral instead* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Resides in Region of Waterloo or County of Wellington: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No\* | | | | | |
| *\*If NO, list current address and reason why you would like to live in the Region of Waterloo or County of Wellington* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason why: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | | Postal Code: | | | | | | | | | | | |  | | | | | | | | | | | | |
| 5. Do you feel that you need ongoing mental health support from a mental health support coordinator? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | No | | | | | |
| *\*If you answered YES to question 5, complete below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explain what this would look like: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you agree to engage with ongoing mental health support services in your home and on a regular basis? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| 6. Are you in rental arrears with any housing provider in Ontario? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | No | | | | | |
| *\*If you answered YES to question 6, complete below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landlord name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Arrears owing: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you provide permission to contact the landlord? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| If in arrears, are you engaged in a re-payment plan? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | | | |
| Describe: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you on the Region of Waterloo, County of Wellington or any other housing wait list? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No\* | | | | | |
| *\*If NO, please advise person to apply for the Region of Waterloo and/or County of Wellington housing by going to the website or call to learn how to complete the application – Listed below.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region of Waterloo Website | | | | | | | | | | | | | | | | | | | | | | | [Click Here](https://www.regionofwaterloo.ca/en/living-here/find-affordable-housing.aspx) | | | | | | | | | | | | | | Phone # 519-575-4400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County of Wellington Website | | | | | | | | | | | | | | | | | | | | | | | [Click Here](https://www.wellington.ca/en/social-services/ss-housing-services.aspx) | | | | | | | | | | | | | | Phone # 519-824-7822 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your current monthly income and source? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | | Postal Code: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Why do you want to move into Thresholds supportive housing? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you understand what supportive housing entails? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| *Thresholds supportive housing includes housing options such as congregate living, smaller shared living homes and independent subsidized apartments. Support is linked with housing so each person will receive support from a mental health support worker to work on their personalized recovery goals.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any special requirements for housing such as accessibility issues or dependent children living with you.  *(Ex. Stairs, mobility aides, service dog, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Only Housing from one category may be selected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing Categories | | | | | | | | Type of Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If Requested | | | | | | | | | | |
| A | | | | | | | | Independent Living – off Site Supports *(Kitchener, Waterloo, Cambridge or Guelph, Wellington, Dufferin)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | Shared Independent Living – Off Site Supports *(Kitchener, Waterloo, Cambridge, or Guelph)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| B | | | | | | | | Intensive Supportive Housing - Daily On Site Supports *(Congregate homes in Kitchener and Cambridge, 2-8 hours support per day)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| C | | | | | | | | Intensive Supportive Housing – 24/7 Daily On Site Supports *(Congregate home in Kitchener)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | Intensive Supportive Housing – 24/7 Daily On Site Supports *(Congregate home in Guelph)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | Transitional Housing – 24/7 Daily On Site Supports *(Guelph – maximum 364-day tenancy)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | Community Homes for Opportunity *(CHO)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Physical Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any mobility issues? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | | No | | | | |
| *\*If you answered YES, complete below* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list use of walker, cane, wheelchair or other assistive devices: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Current Health and/or Mental Health Supports: *(Provide name and contact numbers)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Permission to contact? | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Permission to contact? | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Permission to contact? | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| Legal History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please describe any past or current Police Involvements *(Legal charges, harm to self or others)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| 2. Are you on parole? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | | No | | | | |
| *\*If YES to above, until when:* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*If YES, list conviction and conditions of probation/parole below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conviction 1: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conviction 2: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Do you have any outstanding charges, bench warrants? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| 4. Have you had a recent (past 6 months) criminal background check completed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No\* | | | | |
| \*If NO, would you be willing to submit to one? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | | No | | | | |
| Support Networks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a network of support people from the following examples? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Members | | | | | | | | | | | | | | | | |  | | | Yes | | | | |  | | No | | | | Supportive Peers or Friends | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | |
| Addiction Counsellor | | | | | | | | | | | | | | | | |  | | | Yes | | | | |  | | No | | | | Sponsor | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | |  | | | No | | | |
| Self-Help/Support Group | | | | | | | | | | | | | | | | |  | | | Yes | | | | |  | | No | | | | Support Coordinator | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes\* | | | |  | | | No | | | |
| *\*If YES* | | | | | Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Contact information: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Other | | | | | Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Contact Information: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In order for your name to remain on the supportive housing wait list, you are required to contact Thresholds when you move and/or change your phone number so we can reach you when housing becomes available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | |