

Ministry of Community and Social Services
Ministry of Children and Youth Services
720 Robertson Street Postal Bag 5400
Kenora, Ontario P9N 3X9
Tel: (807) 468-2400 Fax: (807) 468 -2499
Toll Free: 1-800-268-2970

Kenricia Hotel
155 Main Street
Kenora, Ontario P9N 1T1
Phone: (807) 464-3333
email: fadelchidiac@gmail.com

TEMPORARY ACCOMMODATION VERIFICATION

This will confirm that _____
(Name of Occupant(s))

Primary Address: _____
(Include street #, town and postal code)

Mailing address: _____
(If different then above)

Phone#: _____

Check which one applies:

RENTING -The occupant purchases and prepared food separately for himself/herself and his/her dependents. To be considered a renter, the renter does not necessarily need to be living in self-contained quarters, but must purchase and prepared his/her own food.

BOARDING AND LODGING - The occupant receives food and shelter from the same source. If the Accommodation Provider purchases and prepared the food, the recipient is a boarder.

At the following address (Include street #, town and postal code):

Hotel Address: 155 Main Street, Kenora ON P9N 1T1 Room #: _____

Effective Date: _____ Cost per month: _____ Cost if first month is prorated: _____

Utilities/Heat included: Yes No First/last required: Yes No

PAYMENT METHOD:

Cheque from ODSP payable & mailed to:

THIS FORM IS NOT VALID WITHOUT PAYMENT

Kenricia Hotel
6263 28th Avenue,
Montreal Quebec H1T 3H8

Hotel Representative: _____ Signature: _____ Date: _____

Is there anyone else in the unit? Yes No

If yes, please list all others in the unit and your relationship to them: _____
