

### Stabilization Amendment Form

To be completed by the Referral Source and submitted to ICA Team Lead @ [communitylinks@cmhaletbridge.ca](mailto:communitylinks@cmhaletbridge.ca)

**Applicant Name:** \_\_\_\_\_

Amendment Information – Please select all that apply, and fill out the corresponding section	
<input type="checkbox"/>	Address Change or amount change
<input type="checkbox"/>	Extension
<input type="checkbox"/>	Early Termination
<input type="checkbox"/>	Change in worker
<input type="checkbox"/>	Other: _____

Address Change or Amount Change
Address of Unit: <i>If a hotel/motel, please indicate which one</i>
New Anticipated Move In Date: _____
Anticipated Move Out Date: _____
# of days already accessed: _____
New Remaining Amount Requested: _____

Extension	
Address of Unit: <i>If a hotel/motel, please indicate which one</i>	
Anticipated End Date: _____	New Amount Requested: _____

<b>Early Termination</b>
Address of the Termination Request:
Amount Returned: _____
Reason for Termination (Please provide a brief explanation for the termination):

<b>Change in Worker (New Workers Information)</b>		
Name:		
Agency:		
Phone Number:		
Email:		
Is the New worker aware of the File Transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, please notify before completing the amendment)
New Workers Signature:		

<b>Other (Please list any other amendments)</b>

**Service Provider Information**

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_