



**True Experience Supportive Housing and Community Work Program**

**201 Forest Street East, Dunnville, ON N1A 3G5**

**Tele: 905.774.6165**

**Fax: 905.774.4620**

**www.trueexperience.ca**

**Application for Service**

*Please note that we are dedicated to protecting the privacy of every individual we serve.*

*All information provided is considered personal and confidential.*

<p><b><u>Full Name:</u></b></p> <p>_____</p> <p style="text-align: center;">Last Name                      Given Names</p> <p>Date of Birth: _____</p> <p style="text-align: center;">day month year</p> <p>S.I.N:</p> <p>Health Card #:</p> <p>ODSP # (if applicable):</p> <p>ODSP Worker Name (if applicable):</p> <p>Address:</p> <p>TEL: (H)</p> <p>TEL: (cell)</p> <p>TEL: (W)</p> <p>Email:</p> <p><b><u>Emergency Contact Name:</u></b></p> <p>Relationship to you:</p> <p>Address:</p> <p>TEL: (H)</p> <p>TEL: (cell)</p> <p>TEL: (W)</p> <p>Email:</p> <p><b><u>Referring Agency/ Family Member/ Guardian</u></b></p> <p>Social Worker Name:</p> <p>Agency/ Family Member/ Guardian Name:</p> <p>Address:</p> <p>TEL:</p> <p>TEL: (W)</p> <p>Email:</p> <p>Fax:</p>	<p><b><u>Personal Information</u></b></p> <p>Gender:</p> <p>Aboriginal Origin: <input type="checkbox"/> Aboriginal    <input type="checkbox"/> Non-Aboriginal</p> <p>Primary Source of Income:</p> <p>Current Legal Status:</p> <p>Community Treatment Order?</p> <p><input type="checkbox"/> yes    <input type="checkbox"/> no    <input type="checkbox"/> unsure</p> <p>Preferred Language:</p> <p>Living Arrangement: <input type="checkbox"/> children    <input type="checkbox"/> non-relatives</p> <p><input type="checkbox"/> parents    <input type="checkbox"/> relatives    <input type="checkbox"/> self    <input type="checkbox"/> spouse/ partner</p> <p><input type="checkbox"/> spouse/ partner &amp; others</p> <p>Residence Type: <input type="checkbox"/> private house</p> <p><input type="checkbox"/> municipal non-profit housing    <input type="checkbox"/> general hospital</p> <p><input type="checkbox"/> psychiatric hospital    <input type="checkbox"/> correctional facility</p> <p><input type="checkbox"/> retirement home    <input type="checkbox"/> nursing home</p> <p><input type="checkbox"/> supportive housing    <input type="checkbox"/> hostel    <input type="checkbox"/> boarding house</p> <p><input type="checkbox"/> other, please specify: _____</p> <p>Do you receive any support at home?</p> <p>Are you currently employed?</p> <p>Are you currently in school?</p> <p>What is your highest level of education?</p> <p><b><u>Medical Information</u></b></p> <p>Diagnosis/ Medical Conditions:</p> <p>Current Medications:</p> <p>Have you ever been hospitalized for psychiatric reasons?</p> <p style="padding-left: 40px;">Total # of episodes:</p> <p style="padding-left: 40px;">Total # of hospitalization days:</p> <p style="padding-left: 40px;">Most recent date you were hospitalized for psychiatric reasons:</p>
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**About You**

Special Interests:

Special Skills:

What are your goals?

Please select which program you are interested in:  Work Program  Supportive Housing  Both

**Notice**

Please be advised that upon entry into our program, you may be asked to complete an Ontario Common Assessment of Need (OCAN). Although participation is not mandatory, we would greatly appreciate your input. More information will be provided at the time of assessment.

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) and our agency policies a “Consent to Disclose Form” must be completed and signed to provide (when requested) information concerning landlords, medication, physical and mental health history from your physicians, hospitals, case workers, criminal background and financial information with respect to ODSP and Ontario Works.

**Signature: (Applicant)** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

Date Received:	Received by:
Date Reviewed:	Reviewed by:
Follow up:	Interview:
Additional Information Required:	Result: (please explain)
Reviewed by Executive Director:	
Date & Initial:	