



Application for **SUPPORTIVE HOUSING** (Opportunity House & Trillium Manor)

*Please note that we are dedicated to protecting the privacy of every individual we serve. All information provided is considered personal and confidential.*

**APPLICANT INFORMATION**

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____
<b>CURRENT ADDRESS:</b> _____ _____	<b>CONTACT INFORMATION:</b> _____
<b>CITY/TOWN:</b> _____	<b>HOME PHONE:</b> _____
<b>PROVINCE:</b> _____	<b>CELL PHONE:</b> _____
<b>POSTAL CODE:</b> _____	<b>EMAIL:</b> _____
<b>DATE OF BIRTH:</b> _____ DAY      MONTH      YEAR	<b>SOCIAL INSURANCE NUMBER:</b> _____
<b>HEALTH CARD NUMBER:</b> _____	<b>ODSP NUMBER:</b> _____
<b>PREFERRED LANGUAGE:</b> _____	<b>ODSP WORKER NAME &amp; CONTACT NUMBER:</b> _____ _____

**EMERGENCY CONTACT**

<b>CONTACT NAME:</b> _____	<b>CONTACT RELATIONSHIP:</b> _____
<b>ADDRESS:</b> _____	<b>TOWN/CITY:</b> _____
<b>POSTAL CODE:</b> _____	<b>HOME PHONE NUMBER:</b> _____
<b>CELL PHONE NUMBER:</b> _____	<b>EMAIL:</b> _____

**CURRENT RESIDENCE**

Private Home	
Non-Profit Housing	
Hospital (General)	
Hospital (Psychiatric)	
Correctional Facility	
Supportive Housing	
Hostel	
Boarding/Group Home	

Other: (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERRING AGENCY/FAMILY MEMBER/GUARDIAN**

<b>SOCIAL WORKER/FAMILY MEMBER/GUARDIAN:</b> _____	<b>ADDRESS:</b> _____
<b>TOWN/CITY:</b> _____	<b>POSTAL CODE:</b> _____
<b>TELEPHONE:</b> _____ _____	<b>EMAIL:</b> _____ _____
<b>CELL PHONE:</b> _____	<b>FAX:</b> _____

**MEDICAL INFORMATION**

<b>DIAGNOSIS/MEDICAL CONDITIONS:</b> _____ _____ _____ _____ _____ _____ _____	<b>CURRENT MEDICATIONS:</b> _____ _____ _____ _____ _____ _____
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### HOSPITALIZATIONS

Have you ever been hospitalized for psychiatric reasons?

YES

NO

If yes, please explain:

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Total number of episodes: \_\_\_\_\_

Total number of hospitalization days: \_\_\_\_\_

Most recent date of hospitalization: \_\_\_\_\_

### ABOUT YOU:

Special interests: \_\_\_\_\_

Special skills: \_\_\_\_\_

What are your goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTICE:

Please be advised that upon entry into our Supportive Housing 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.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>
<b>DATE REVIEWED:</b>	<b>REVIEWED BY:</b>
<b>FOLLOW UP:</b>	<b>INTERVIEW:</b>
<b>ADDITIONAL INFO REQUESTED:</b>	<b>RESULTS (please explain)</b>
<b>EXECUTIVE DIRECTOR:</b> <b>DATE:</b>	<b>HOUSING COORDINATOR:</b> <b>DATE:</b>