



For Office Use Only	
Applicant Surname	Date Received

APPLICATION FOR SUPPORTIVE HOUSING

Supportive Housing

CMHA Elgin provides affordable, permanent, supportive, and independent housing for those who are homeless, at risk of homelessness, or who are living in unsafe or unhealthy conditions. In addition to housing, tenants in this program will receive support from a staff member who can offer education and help around budgeting, housing stability, mental health, continuing education, employment, legal support, and advocacy.

Eligibility

To be eligible for our housing program, you must meet **all** of the following criteria:

- Be 16 years of age or older
- Be a Canadian Citizen, Landed Immigrant (Permanent Resident), or have Refugee Claimant Status with no removal / deportation order in place
- If you own any residential property that you could live in all year, you must sell or transfer the property prior to signing a lease and accepting a unit

Privacy

We respect your privacy and only share your information with other people or organizations if you give permission. Your information may be shared if a law is in place that overrides our privacy policy. If you have questions about your information, and how it is stored or shared, please call our Privacy Officer at 519-633-1781 x124.

Wait List

Eligible applicants will be placed on a wait list. You will be removed if:

- (a) false information is given
- (b) information is withheld
- (c) we cannot contact you using the information given
- (d) you accept other subsidized housing

Housing is offered based on priority. It is your responsibility to tell us if there are changes in your housing, finances, or family structure.

Please Note:

- This form can be completed and submitted electronically
- Incomplete applications will delay the process
- Required documents (Income Verification and ID) will only be requested when a unit becomes available for you. Required Documents may include a photocopy of:
 - ID - birth certificate, health card, passport, and/or immigration documentation
 - Income Verification – most recent Notice of Assessment, OW/ODSP monthly statement, or pay stub
- After this application is received, we will send you a letter to confirm receipt
- A CMHA staff member will contact you to determine your level of priority

Send your completed application to:

Canadian Mental Health Association, Elgin Branch
110 Centre Street
St. Thomas, Ontario, N5R 2Z9
Fax: 519-633-1392
Email: housing@cmhaelgin.ca

SECTION A – Applicant Information

First Name		Middle Name		Last Name	
Date of Birth (dd/mm/yyyy)		Gender		Preferred Name (if different than first name)	
Address / Apt # / P.O. Box #			City, Province		Postal Code
Phone Number Permission to: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Leave message				Email Address (optional)	
Health Card			Version Code		Expiry
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other		Indigenous Status <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Indigenous – Group:		Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident* <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Deportation Order *If born outside of Canada, when did you arrive?	
Community Treatment Order <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach a copy)			Employment Status <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed:		

SECTION B – Supports

You agree that we can contact the supports listed below by checking "Permission to Contact". You also agree that we can exchange information for the purpose of your Housing Application.

Referral Source	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name: _____	Contact #: _____
CMHA Case Manager	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name: _____	
Contact #: _____	
Family Physician	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name: _____	
Contact #: _____	
Public Guardian Trustee	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name: _____	
Contact #: _____	
Other Community Support	
Permission to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name: _____	
Contact #: _____	

SECTION C – Monthly Income

Income Source	Applicant	Other Member
Ontario Disability Support Program (ODSP)		
Ontario Works (OW)		
Employment		
Canadian Pension Plan (CPP)		
Other Income - specify:		
TOTAL INCOME FROM ALL SOURCES		
If no source of income, have you applied for any social assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have assets that would disqualify you from receiving social assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manage your own finances?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D – Housing Information

Other Members of the Household					
Last Name	First Name	Date of Birth (dd/mm/yyyy)	Gender	Student (Y / N)	Relationship to Applicant
1.					
2.					

Present Accommodations

Own / Co-Own Rented Unit Subsidized Housing/Co-Op Living with Family or Friends
 Group or Care Home Living on street Couch Surfing Hotel or Motel Shelter
 Jail: *Expected Release Date:* _____
 Hospital: *Expected Discharge Date:* _____ Rent: _____ Utilities: _____

How long have you been in your current living situation? _____

Have you ever experienced difficulty finding or keeping housing in the past? Yes No
 If yes; explain: _____

Have you ever lived in Subsidized Housing before? Yes No
 If yes; explain: _____

Do you have arrears with CMHA or another Social Housing Provider? Yes No
 If yes; explain: _____

SECTION E – Special Accommodations

Can you climb stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a modified unit required because of a medical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If Yes, please describe the type of unit you need: _____	
Do you require an extra bedroom because:	
- You have overnight access with a child who does not live with you permanently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- A member of the household is pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F – Health Information

List Medical Conditions/History (surgery, stroke, etc.)	List Physical Challenges (mobility, wheelchair, walker, etc.)	Allergies
Mental Health and/or Addictions - Please describe your diagnosis or symptoms.		
Risks – Do you have any history of harm to self or others? (ie. suicide, aggressive or sexual behaviours, firestarting, etc)		
Hospitalizations – Have you ever been hospitalized for mental health reasons?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain and include dates)		
Supports – Check off the areas listed below that you may require support with.		
<input type="checkbox"/> Budgeting and personal administration <input type="checkbox"/> Cleanliness (organization, clutter, laundry, etc) <input type="checkbox"/> Food safe handling and storage <input type="checkbox"/> Meal planning and preparation <input type="checkbox"/> Meaningful daily activity	<input type="checkbox"/> Medication management <input type="checkbox"/> Relationships with neighbours and landlords <input type="checkbox"/> Routines and activities of daily living <input type="checkbox"/> Safety planning <input type="checkbox"/> Tenant and landlord rights and responsibilities	

Residential Care Homes Addendum

Community Homes for Opportunity (CHO) is a supportive housing program for people with serious mental illness who require 24/7 support with aspects of daily living. The Residential Care Home Program funded by Community Homelessness Prevention Initiative (CHPI) offers residential care homes that provide 24/7 support for people that have barriers to housing but do not necessarily have a serious mental health diagnosis. These programs are intended to assist people by providing appropriate housing and support services to achieve and maintain stability in a home that is safe and affordable. These programs take a recovery-based approach and provide access to supports both in the home and in the community, which will aim to improve and/or stabilize peoples' physical and mental health, foster independence, and enhance participation and integration into the community. The program also offers opportunities to enhance the quality of daily living, personal growth and development and improve life skills through participation in a variety of activities and programs.

Mental State				
Orientation:	Intact	Impaired	Memory:	Intact Impaired
<i>Time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Immediate</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Place</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Recent</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Person</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Long Term</i>	<input type="checkbox"/> <input type="checkbox"/>
Hallucinations:	<input type="checkbox"/> Yes (<i>please explain</i>) <input type="checkbox"/> No		Concentration:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Incontinence:	<input type="checkbox"/> Yes (<i>please explain</i>) <input type="checkbox"/> No		Sleep Difficulties:	<input type="checkbox"/> Yes (<i>please explain</i>) <input type="checkbox"/> No
Support Required with Activities of Daily Living				
Activity	Dependent	Independent	Requires Supervision	Requires Assistance
Hygiene / Grooming				
Bathing				
Dressing Self				
Toileting				
Feeding				
Laundry				
Medication Management				
Additional Notes				

Declaration and Consent

Representative

A representative can make certain decisions about your housing. They cannot sign a lease for you, but they can set up appointments for us to meet with you, and we can exchange information related to your housing. A representative can be a case manager, family member, trustee, or friend. **You do not have to have a representative** but, if you do, please put their contact information below and sign to indicate your consent.

Representative Name: _____ **Phone Number:** _____ **Date:** _____

- By signing below, you confirm that this application accurate and complete to the best of your knowledge. You also consent to having your information shared within CMHA-Elgin Branch as needed for the purpose of this application. You agree that we can contact housing providers, organizations which manage housing wait lists, and benefits providers or employers to confirm that the information you have given us is true. You also agree that we can give those organizations any information about you that they need to find and access any record they might have on file for you.

Applicant Signature: _____ **Date:** _____