



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. 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. We will only use the information you have given us in this application to decide if you are eligible for our subsidized housing program and to determine how quickly you need housing. We will only share your information with other people or organizations if you tell us that we can share it, unless legally obligated. By submitting this application to us, you agree that we can collect and store the information you have provided in this form. If you have questions about your information, how we store, use, or might share it, please call our Privacy Officer at 519-633-1781 extension 127.

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, family structure, or method of contacting you.

Note:

- **For service providers, if possible, please attach the most recent treatment/wellness plan, OCAN, LOCUS, GAIN-SS, OT assessment, independent living scales (ILS), assessment or discharge summary, or any other relevant assessment or clinical records**
- 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, Ontario health card, passport, and/or immigration documentation
 - Income Verification – most recent Notice of Assessment, OW/ODSP monthly statement, pay stub, or bank statement
- A CMHA staff member will contact you to confirm receipt of your application and screen to determine eligibility and priority

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 <i>*If born outside of Canada, when did you arrive?</i>
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	<i>Applicant</i>	<i>Other Member</i>
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 G – 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 for us to communicate with them.

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

- 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 and share information with housing providers, organizations which manage housing wait lists, and benefits providers or employers to confirm that the information you have given us is true.

Applicant Signature: _____ **Date:** _____

Residential Care Homes Addendum

IMPORTANT: PLEASE ONLY COMPLETE THIS SECTION IF APPLYING FOR A RESIDENTIAL CARE HOME.

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				