



Addiction Supportive Housing – Application Package

Purpose of the form

South Cochrane Addictions Services Inc. is able to offer supportive housing in Timmins. With this application form, you can be considered for supportive housing offered by South Cochrane Addictions Services.

The questions in this form ask what kind of housing you want, as well as other questions about you that are related to supportive housing, such as your support needs. The available rent subsidies have specific eligibility criteria; therefore, it is important to fill out the application form completely and accurately. Also, please PRINT clearly. The application form is designed to assist us in finding housing that closely matches the information you provide, and the more accurate you fill out the application form, the better this match will be.

Before filling out this application form, we encourage you to speak with the Case Manager – Addiction and Housing. This worker will help you make an informed decision about your housing options.

If you need assistance, or have any questions about the application form, please call the Case Manager – Addiction and housing at 705-264-5202, ext. 225.

You will be contacted within five (5) business days of receiving your application to confirm receipt, verify your eligibility for supportive housing, based on the criteria below, and to discuss any availability of vacancies.

For internal purposes only		
	Date	Initial
Application provided		
Application received		
Client contacted		



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(revised November 9, 2011)

To be eligible for supportive housing you must be:

- At least 16 years of age
- Currently experiencing problematic substance use
- Homeless, at risk of being homeless, housed but at risk of losing housing or under-housed

And must follow the criteria listed below:

- Must participate in a comprehensive screening & assessment process in order to develop an appropriate treatment plan
- Must express a desire to live independently & make positive changes to their lives
- Must Work with a Case Manager – Addiction and Housing for as long as rent subsidy is being received**

After you complete the application form, please send it to or hand it in at South Cochrane Addictions Services 85 Pine St. South, Unit 2, Lower concourse, Timmins, Ontario P4N 2K1 or fax it to 705-264-3011.

Our Privacy Policy

At South Cochrane Addictions Services we take your privacy seriously. At all times our aim is to ensure that all personal health information (PHI) is properly collected and protected. We use your PHI to identify your needs for the purpose of providing you housing and support. We store your PHI in a responsible way and we dispose of it in a safe and timely manner when it is no longer required. We meet all legislative requirements with respect to privacy and adhere to the guidelines outlined in the Personal Health Information Protection Act (PHIPA).

We collect, use and disclose your PHI to make referrals for housing placement, to determine the appropriate housing placements, and to fulfill other purposes required or permitted by law. We collect, use and disclose the identified information about our applicants to plan and deliver services, for program evaluation, for statistical purposes, and for reporting purposes to the funders.

Section 1: Applicant Information

First name: _____ Middle Initial: _____ Last name: _____

Street Address: _____ Apt No: _____ City: _____

Province: _____ Postal Code: _____ Telephone number: () _____-_____

Age: _____ Birthdate: ____/____/____ (Day, Month, Year)

Are you currently in temporary housing? YES___ NO ___ (this includes couch surfing)

Where are you currently living (please check one)?

- Private non-profit housing Private house / Apartment No fixed address
 Rooming / Boarding Home Hostel / Shelter
 Other _____

Who are you currently living with?

- I live by myself Spouse / partner Relatives Parents Non-Relatives
 Children (please indicate number of children) _____ Age(s) _____
 Others _____

Are you prepared to live in Timmins and surrounding areas? YES NO

Do you require housing suitable for a person with physical ability issues? YES NO

If yes, please explain:

Have you been to the hospital emergency department in the past two years? YES NO

If yes, how many times _____

Have you been to a Withdrawal Management facility in the past two year? YES NO

If yes, how many times _____

Have you had contact with the criminal justice system in the last two years? YES NO

If yes, please explain:

Section 2: Applicants physical and mental health status

Do you have any physical health conditions or challenges (i.e. Allergies, diabetes, hearing impairment), not including any mental health issue(s)? YES NO

If yes please list:

MENTAL HEALTH CHALLENGES - please answer if you have been challenged by mental health issues:

How long have you been challenged by mental health issues (i.e. length of time)?

Approximate number of years: _____ or year of first experience: _____

Have you ever been formally given a mental health diagnosis? Yes No Don't Know

If yes, what is/was the primary diagnosis (please select one)?

- | | |
|--|--|
| <input type="checkbox"/> Adjustment Disorders | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Factitious Disorders | <input type="checkbox"/> Impulse Control Disorders |
| <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Schizophrenia and Other Psychotic Disorder | <input type="checkbox"/> Somatoform Disorders |
| <input type="checkbox"/> Mental Disorders due to General Medical Conditions | |
| <input type="checkbox"/> Delirium, Dementia, Amnestic or Cognitive Disorders | |
| <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Other - please state: _____ | |

If you are struggling with any other mental health issue, please explain:

SUBSTANCE USE CHALLENGES - please answer if you have been challenged by substance use:

If you are struggling with any issues related to substance use (drugs or alcohol), please explain:

How long have you been challenged with substance use issues?

Section 3: Applicant's strengths and resources

How have you gotten through the tough times in your life?

What supports have you found useful? What do you wish had happened?

What have these experiences taught you?

Are there any positive ways in which you have changed or grown as a person, as a result of these experiences?

Who do you go to for help in times of trouble? Who goes to you for help?

Give examples of times when you've really felt proud of yourself?

Give examples of any activity meaningful to you that you participate in (i.e. education, employment, volunteering programs).

Section 4: Applicants previous housing references and history

Under the *Residential Tenancies Act*, in selecting prospective tenants, landlords may use income information, credit checks, credit references, rental history, guarantees or other similar business practices permitted under the *Human Rights Code* regulations.

Please list your housing history for the past three years:

Address: _____	
Type of Housing: _____	
Landlord/Agency Name: _____	Phone Number: _____
Date moved in: _____	Date moved out: _____
Reason for leaving: _____	

Address: _____	
Type of Housing: _____	
Landlord/Agency Name: _____	Phone Number: _____
Date moved in: _____	Date moved out: _____
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Address: _____	
Type of Housing: _____	
Landlord/Agency Name: _____	Phone Number: _____
Date moved in: _____	Date moved out: _____
Reason for leaving: _____	

Other comments relating to your housing history:

Section 5: Challenges

We ask you the following questions so that we can work with you to ensure you have the support you require.

Issues you sometimes struggle with:	YES	When was the last occurrence:
Thoughts of suicide		
Suicide attempts		
Alcohol consumption that caused harm to you		
Drug use that caused harm to you		
Mishandling fire		
Problems with violence		
Problems with anger control		
Inappropriate sexual behaviour		
Self-harm		
Abuse of property		
Gambling		
Issues with collecting things		
Others		

If you answered “YES” to any of the above, please help us to understand what happened and what support you now have or may need to deal with this challenge:

Section 6: What supports do you have?

Please describe any supports that you have in your life (e.g. family, a friend, faith community, cultural/community groups, other community supports:

Are you currently working with any service providers (i.e. case workers, ACT team, etc.)?

- YES NO

If yes, please provide the following information on each service provider with whom you are working:

First agency's name: _____

Name/contact person: _____

Services required: _____

Telephone number: () _____ Extension: _____

Second agency's name: _____

Name/contact person: _____

Services required: _____

Telephone number: () _____ Extension: _____

Third agency's name: _____

Name/contact person: _____

Services required: _____

Telephone number: () _____ Extension: _____

Section 7: What extra supports might you need?

What kind of support do you think you need (please select ONE)?

24-Hour
 Daily
 Weekly
 Other - specify: _____

Would you like extra support with any of the following?

	Some	A Lot
Self-managing medication		
Financial responsibilities		
Self-care		
Using transportation / Timmins Transit		
Developing positive relationships		
Meeting new people		
Meal preparation		
Shopping		
Looking after your home		
Adding structure to your day		
Diabetes education		
Nutrition and diet information		
Getting to appointments		
Avoiding unsafe situations		
Meal delivery, homemaking, adult programs		
Understanding English, reading, writing, literacy skills		
Physical Health and education		
Avoiding crisis and dealing with anger		
Improving employability & career possibilities		
Education/training		
Self-advocacy - knowing your rights		
Dealing with drug or alcohol use		

Section 8: Legal involvement

Please complete the following questions if you have or have had legal involvement.

Please describe the legal involvement (i.e. dates, nature of incidence, etc.):

Please complete the following questions if you have *current* legal involvement (check all that apply):

- | | | |
|-----------------|--|---|
| Pre-charge: | <input type="checkbox"/> Pre-Charge Diversion | <input type="checkbox"/> Court Diversion Program |
| Pre-Trial: | <input type="checkbox"/> Awaiting fitness assessment | <input type="checkbox"/> In community on own recognizance |
| | <input type="checkbox"/> Awaiting trial (with or without bail) | <input type="checkbox"/> Unfit to stand trial |
| | <input type="checkbox"/> Awaiting criminal responsibility assessment (Not Criminally Responsible or NCR) | |
| Outcomes: | <input type="checkbox"/> Charges withdrawn | <input type="checkbox"/> Conditional sentence |
| | <input type="checkbox"/> Stay of proceedings | <input type="checkbox"/> Restraining order |
| | <input type="checkbox"/> Awaiting sentence | <input type="checkbox"/> Peace bond |
| | <input type="checkbox"/> NCR | <input type="checkbox"/> Suspended sentence |
| | <input type="checkbox"/> Conditional discharge | |
| Custody Status: | <input type="checkbox"/> Ontario Review Board (ORB) detained - community access | |
| | <input type="checkbox"/> ORB conditional discharge | <input type="checkbox"/> Incarcerated |
| | <input type="checkbox"/> On parole | <input type="checkbox"/> On probation |
| Other: | <input type="checkbox"/> No legal problem (includes absolute discharge and end of sentence) | |
| | <input type="checkbox"/> Criminal/legal problems Unknown | |

Section 9: Contact information

Alternative contact information

First name: _____

Last name: _____

Relationship: _____

Street address: _____

Telephone number: ()-_____

First name: _____

Last name: _____

Relationship: _____

Street address: _____

Telephone number: ()-_____

Section 10: Income information

Income source	Monthly amount
Employment	
Employment insurance (EI)	
Family	
Canadian Pension Plan	
Ontario Disability Support Program (ODSP)	
Disability Assistance	
Social Assistance (Ontario Works)	
No source of income at this time	
Other	
Total	

Section 11: Your declaration and consent

This is your agreement with us. We will respect the confidentiality of the personal information that you provide to us. You agree to what is set out below. **Please read it carefully before signing.**

I, _____ have done my best to ensure the information provided in this application is correct. I give consent to South Cochrane Addictions Services Inc. and the agencies listed below to collect and share all relevant information:

	YES	NO	INITIAL
Ontario Disability Support Program (ODSP)	<input type="checkbox"/>	<input type="checkbox"/>	___
Social Assistance (Ontario Works)	<input type="checkbox"/>	<input type="checkbox"/>	___
Employment	<input type="checkbox"/>	<input type="checkbox"/>	___
Employment Insurance (EI)	<input type="checkbox"/>	<input type="checkbox"/>	___
North Eastern Ontario Family and Children Services	<input type="checkbox"/>	<input type="checkbox"/>	___
Canadian Mental Health Association	<input type="checkbox"/>	<input type="checkbox"/>	___
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	___

I also give my consent for the above services to disclose all relevant information as well as this application form for the purpose of arranging and maintaining housing for me.

I may withdraw or amend this consent at any time in writing, except where the information has already been shared. I also understand that the service providers listed above may be required by law to disclose personal information to a third party other than those listed above without my consent. **I understand that information pertaining to the rent subsidy may be disclosed to a landlord that will be participating in the program.**

I confirm that I have read and understand this form and consent to the collection, use and disclosure of personal health information described above.

Applicant’s signature: _____ Date: _____