



South Cochrane
Addictions Services Inc.
Service de toxicomanie
Cochrane-Sud inc.

Applicants Information	
Name:	Date of Birth:

<u>Addiction Supportive Housing – Rating Scale</u> (Revised February 19, 2015)	
1. At least 16 years of age	1 point
2. Currently experiencing problematic substance use	1 point
3. Homeless, at risk of being homeless, housed but at risk of losing housing or under housed	1 point
4. Must develop an appropriate treatment plan that works towards an independent and positive lifestyle.	1 point
5. Must Work with a Case Manager – Addiction and Housing for as long as rent subsidy is being received.	1 point
6. Where are you currently living? a) No Fixed Address (8) b) Eviction notice (7) c) Unsafe housing (i.e condemned building, drug use environment) (6) d) Temporarily couch surfing (5) e) Women’s Shelter (Villa Renouvellement, HER Place, Tranquility House) (4) f) Under housed (i.e four people in a one bedroom) (3) g) Room/Boarding (i.e Dallaire’s Residence, Good Samaritan Inn) (2) h) Staying with family (1)	__ point(s)

7. Do you require housing suitable for a person with physical health and/or mobility ability issues? (i.e walker, diabetes, chronic back pain) <input type="checkbox"/> YES <input type="checkbox"/> NO	1 point
8. Have you been to the hospital emergency department in the past two years? <input type="checkbox"/> YES <input type="checkbox"/> NO	1 point
9. Have you been to a Withdrawal Management facility in the past two year? <input type="checkbox"/> YES <input type="checkbox"/> NO	1 point
10. Have you had contact with the criminal justice system in the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO	1 point
11. Do you have any mental health issue(s) or challenges (i.e. Depression, Anxiety Disorder, Eating Disorder)? <input type="checkbox"/> YES <input type="checkbox"/> NO	1 point
12. What kind of support do you think you need (please select ONE)? a) 24-Hour (4) b) Daily (3) c) Weekly (2) d) Bi-Monthly (1)	__point(s)
Total of all points	
__ points	

For internal purposes only		
	Date	Signature
Application reviewed		
Application approved		
Client contacted		