|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:** | Click here to enter a date. | **CID:** | CID. |
| **Name:** | Lastname, Firstname | **D.O.B:** | MM-DD-YYYY |
| **Referral Source:** | Click here to enter text. |  |  |
| **Is an interpreter required?** |[ ]  Yes |[ ]  No |
|  |  |  |  |  |
| REQUIRED ELIGIBILITY CHECKLIST  |
| **Any Housing Type:** |
|[ ]  Chronic/acute substance abuse |
|[ ]  Homelessness or at risk of homelessness |
|[ ]  Consistent, on-going use of emergency services (police, ER, detox, shelters) |
| **Long-Term Only:** |
|[ ]  Previous involvement in addiction treatment *(House of Friendship requirement only)* |
|[ ]  Has an identified change goal related to harm reduction or abstinence  |
| **Transitional Only:** |
|[ ]  Recent involvement in addiction treatment |
|[ ]  Has an identified change goal related to abstinence  |
|  |
| HOUSING |
| **What is your current housing arrangement?** |   |
| **Describe your previous housing situation:**  |   |
| **Have you ever used a shelter/hostel system/lived “on the street”?**  |[ ]  Yes |[ ]  No |
|  **If yes,** **where and when was your most recent stay?**  |   |
| **Please explain why you have decided to apply for supportive housing (current situation and needs)?**. |
|  |
| HOUSING REQUESTED |
| **What type of housing are you looking for:\*** |

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| **Transitional Units:** Based on the *abstinence model*, individuals can rent shared accommodation with 3 other roommates while receiving support from a Supportive Housing Counselor. The program requires attendance at weekly house meetings, urine screening, and engagement with their counselor.  |
|[ ]  **Shared Accommodation – City of Guelph** [ ]  **Shared Accommodation – City of Kitchener**  |

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| **Long-term Units:** Based on the *harm reduction model*, individuals can rent single unit apartments long-term while receiving support from a Supportive Housing Counselor.  |
|[ ]  **Single Unit – City of Guelph** |
|[ ]  **Single Unit – Wellington County** (Fergus, Arthur, Elora, Mount Forrest, Palmerston, etc) |
|[ ]  **Single Unit – Kitchener/Cambridge/Waterloo region** \*option for [ ]  **smoking** or [ ]  **non-smoking** unit |
|  | \*\*Depending on preference, wait times will vary\*\*Preferences are taken into consideration but not guaranteed |
|  |  |
| INCOME |
| **Are you currently receiving ODSP?**  |[ ]  No |[ ]  Yes for: [ ]  Income Support | [ ]  Employment Support |
| **Are you receiving Ontario Works?**  |[ ]  No |[ ]  Yes |  |
|  **If Yes, workers name:** |   | **Phone:** |   |
| **What is your current monthly income?** |   | **Source:** |   |
|  |
| SUBSTANCE USE HISTORY |
| **Part A** |
| **Do you have a substance abuse issue and/or addiction?**  |[ ]  Yes |[ ]  No |
| **Please explain:**  | Click here to enter text. |
| **Have you had a recent GAINS assessment completed?**  |[ ]  Yes |[ ]  No |
|  **If yes,** please attach it to this application. |
| **What drugs (including alcohol) have you used in the last 12 months:** |   |
| **How has alcohol/drug use affected your life?** |   |
| **How often do you use alcohol/ non-beverage alcohol?** |   |
| **How often do you use other drugs?** |   |
|  |  |
| **Part B** |  |
| **Have you ever/are you currently participating in an addiction treatment program?**  |[ ]  Yes |[ ]  No |
| **Please describe:** (when, where, length, did you complete the program?) |
| **Where:** | Click here to enter text. | **When:** | Click here to enter text. | **Completed?** |[ ]  Yes |[ ]  No |
| **Where:** | Click here to enter text. | **When:** | Click here to enter text. | **Completed?** |[ ]  Yes |[ ]  No |
| **Where:** | Click here to enter text. | **When:** | Click here to enter text. | **Completed?** |[ ]  Yes |[ ]  No |
| **Where:** | Click here to enter text. | **When:** | Click here to enter text. | **Completed?** |[ ]  Yes |[ ]  No |
|  |
| **Which of the following describes your goals surrounding your alcohol/drug use?** |
|[ ]  **Harm Reduction** |[ ]  **Abstinence** |
|[ ]   Goal of reducing alcohol/drug use OR  |[ ]   Goal of not using any alcohol or drugs |
|[ ]   Goal of changing alcohol/drug use OR |  |  |
| **Do you have a treatment plan?**  |[ ]  Yes |[ ]  No |
|  **If yes,** please describe: | Click here to enter text. |
| **Do you have a relapse prevention plan?**  |[ ]  Yes |[ ]  No |
|  **If yes,** please describe: | Click here to enter text. |
|  |
| HEALTH & MENTAL HEALTH |
| **Do you experience any…** |
|  **Physical health concerns?** |[ ]  Yes |[ ]  No |
|  **If yes, please list any current or previous physical health diagnoses/concerns:** |
|  | Click here to enter text. |
|  **Mental health concerns?** |[ ]  Yes |[ ]  No |
|  **If yes, please list any current or previous mental health *diagnoses*:** |
|  | Click here to enter text. |
|  | **Please list any undiagnosed mental health concerns:** | Click here to enter text. |

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| **Current medications:** |
| **Name** | **Dose** |  | **Name** | **Dose** |
| medication. |   |  | medication. | Dose |
| medication. | dose |  | medication. | Dose |

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| **Current Supports:**  | Click here to enter text. |
|  |
| EMERGENCY SERVICES/HOSPITALIZATION |
| **Have you been to the hospital emergency department in the last 12 months?**  |[ ]  Yes |[ ]  No |
| *(ex. Breathing problems, anxiety/panic, depression, overdose, attempted suicide, alcohol poisoning, fights, falls, stitches, heart problems, car accident, assault, sexual assault, seizures, etc.)* |
| **If yes, how many times:**  | Click here to enter text. |
| **What problems took you to the emergency department?** | Click here to enter text. |
| **Have you been hospitalized in the last 12 months?**  |[ ]  Yes |[ ]  No |
| **If yes, how many times:**  | Click here to enter text. |
| **Why were you admitted to hospital?** | Click here to enter text. |
| **Have you accessed/been admitted to a Detox/Withdrawal Management or Police Detox “drunk tank” in the last 12 months?**  |[ ]  Yes |[ ]  No |
| **If yes, how many times:**  | Click here to enter text. |
|  |

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| EDUCATION |
| **What is the highest level of education you have completed?** (check one) |
|[ ]  No formal schooling |[ ]  Some primary school |[ ]  Some high school |[ ]  Some college |[ ]  Some university |
|  |  |[ ]  Completed primary school |[ ]  Completed high school |[ ]  Completed college |[ ]  Completed university |

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| EMPLOYMENT STATUS |
| **Please check your current status:** |
|[ ]  Full-Time |[ ]  Unemployed |[ ]  Not in labour force |[ ]  Disabled |
|[ ]  Part-Time |[ ]  Student/Retraining |[ ]  Retired |[ ]  Unknown |
|[ ]  Volunteering |  |  |  |  |  |  |

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| **Previous employers (if applicable):** | Employer | **Date:** | Date. |
|  | Employer | **Date:** | Date. |
|  |
| LEGAL HISTORY |
| **Are you on probation?** |[ ]  Yes |[ ]  No | **Are you on parole?** |[ ]  Yes |[ ]  No |
|  **If yes to any above, until when?** |   |
|  **If yes, please list conviction and conditions of probation/parole:** | Click here to enter text. |
| **Do you have any outstanding charges, bench warrants?**  |[ ]  Yes |[ ]  No |
| **Do you have any outstanding court dates?**  |[ ]  Yes |[ ]  No |
| **Have you had a recent (past 6 months) criminal background check completed?**  |[ ]  Yes |[ ]  No |
|  **If no, would you be willing to submit to one?**  |[ ]  Yes |[ ]  No |
|  |  |
| SUPPORT NETWORKS |
| **Do you have a network of support people from the following examples?** |
| 1. **Family Members**
 |[ ]  Yes |[ ]  No |
| 1. **Supportive Peers or Friends**
 |[ ]  Yes |[ ]  No |
| 1. **Addiction Counsellor**
 |[ ]  Yes |[ ]  No |
| 1. **Sponsor**
 |[ ]  Yes |[ ]  No |
| 1. **Self-Help/Support Group**
 |[ ]  Yes |[ ]  No |
| 1. **Case Worker**
 |[ ]  Yes |[ ]  No |
| 1. **Other**
 |[ ]  Yes |[ ]  No |
| Name: |  | Relationship: |   |
|  |
| **How do you see yourself benefiting from the Supportive Mental Health and Addiction Housing Program?** |
| Click here to enter text. |
| **Is there any other important information that we should be aware of regarding your application?** |
| Click here to enter text. |
|  |
| **Once a decision has been made regarding your eligibility for the program, you will be notified in writing by mail.** |
| **Please provide a mailing address that you would like the letter to be sent to:** |
| **Address:**  |   City, Prov PostalCode |
|  |  |
| By signing this application form, I give the agencies connected with Here 24/7 and The Supportive Mental Health and Addiction Housing Program (**Stonehenge Therapeutic Community, House of Friendship, CMHA Waterloo Wellington, and Thresholds Homes and Supports**) permission to discuss my application with each other, and with the referral person if one exists, for the purposes of discussing my eligibility to the program. Should I be accepted into the program, this consent form will last the duration of my participation in the program unless I choose to revoke it.  |

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| Signature of applicant:  |   | Date: | Position |
| Completed By: |   | Position: |  |