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| **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:\*** | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |