| Date: (yy/mm/dd) | | | | | | Name of Individual: | | | | | | | | | | | CID: | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONTACT INFORMATION | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | Postal Code: | | |  | | |
| Home phone: | | | |  | | | Work: | |  | | | | | Cell: | | |  | | |
| 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”? | | | | | | | | | | | | | | | | | No  Yes\* | | |
| *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 REQUIRED | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |
| 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  non-smoking unit | | | | | | | |
| Please Note: | | | | | | | | | | | | | | | | | | | |
| \*\*Depending on preference, wait times will vary  \*\*Preferences are taken into consideration but not guaranteed | | | | | | | | | | | | | | | | | | | |
| INCOME | | | | | | | | | | | | | | | | | | | |
| Are you currently receiving ODSP? | | | | | | | No  Yes\* | | | *Yes for:* | | | | Income Support  Employment Support | | | | | |
| Are you receiving Ontario Works? | | | | | | | | | | | | | | | | | | | |
| *If \*YES,* workers name: | | | | | | |  | | | | | | | Phone number: | | | | | |
| What is your current monthly income? | | | | | | |  | | | | | | | Source: | | | | | |
| SUBSTANCE USE HISTORY | | | | | | | | | | | | | | | | | | | |
| Part A | | | | | | | | | | | | | | | | | | | |
| Do you have a substance abuse issue and/or addiction? | | | | | | | | | | | | | | | | | No  Yes | | |
| Please explain: | | | | | | | | | | | | | | | | | | | |
| Have you had a recent GAINS assessment completed? | | | | | | | | | | | | | | | | | No  Yes\* | | |
| *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? | | | | | | | | | | | | | | | | | No  Yes | | |
| Please describe *(when, where, length, did you complete the program?):* | | | | | | | | | | | | | | | | | | | |
| Where: | | | | | | | | When: | | | | | | | | | Completed?  No  Yes | | |
| Where: | | | | | | | | When: | | | | | | | | | Completed?  No  Yes | | |
| Where: | | | | | | | | When: | | | | | | | | | Completed?  No  Yes | | |
| Where: | | | | | | | | When: | | | | | | | | | Completed?  No  Yes | | |
| Which of the following describes your goals surrounding your alcohol/drug use? | | | | | | | | | | | | | | | | | | | |
|  | | | Harm Reduction | | | | | | | | | | Abstinence | | | | | | |
|  | | | Goal of reducing alcohol/drug use | | | | | | | | | | Goal of not using any alcohol or drugs | | | | | | |
| Do you have a treatment plan? | | | | | | | | | | | | | No  Yes\* | | | | | | |
|  | | | *If \*YES, please describe:* | | | | | | | | | | | | | | | | |
| Do you have a relapse prevention plan? | | | | | | | | | | | | | No  Yes\* | | | | | | |
|  | | | *If \*YES, please describe:* | | | | | | | | | | | | | | | | |
| HEALTH & MENTAL HEALTH | | | | | | | | | | | | | | | | | | | |
| Do you experience any physical health concerns? | | | | | | | | | | | | | | | | | No  Yes | | |
|  | | | *If yes, please list any current or previous physical health diagnoses/concerns:* | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| Mental health concerns? | | | | | | | | | | | | | | | | | No  Yes | | |
|  | | | *If yes, please list any current or previous mental health diagnoses:* | | | | | | | | | | | | | | | | |
| Please list any undiagnosed mental health concerns: | | | | | | | | | | | | | | | | | | | |
| Current Medications: | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Dose | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
| Current Supports: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| EMERGENCY SERVICES/HOSPITALIZATION | | | | | | | | | | | | | | | | | | | |
| Have you been to the hospital emergency department in the last 12 months? | | | | | | | | | | | | | | | | | No  Yes\* | | |
| *(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?* | | | | | | | | | | | | | | | | | | | |
| What problems took you to the emergency department? | | | | | | | | | | | | | | | | | | | |
| Have you been hospitalized in the last 12 months? | | | | | | | | | | | | | | | | | No  Yes\* | | |
| *If \*YES, how many times?* | | | | | | | | | | | | | | | | | | | |
| Why were you admitted to hospital? | | | | | | | | | | | | | | | | | | | |
| Have you accessed/been admitted to a Detox/Withdrawal Management or Police Detox “drunk tank” in the last 12 months? | | | | | | | | | | | | | | | | | No  Yes\* | | |
| *If \*YES, how many times?* | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | | | | | |
| What is the highest level of education you have completed? *(check one)* | | | | | | | | | | | | | | | | | | | |
| Some primary school | | | | | | | Some high school | | | | | | | | | | Some college | | |
| Completed primary school | | | | | | | Completed high school | | | | | | | | | | Completed college | | |
| Some university | | | | | | | Completed university | | | | | | | | | | No formal schooling | | |
| EMPLOYMENT STATUS | | | | | | | | | | | | | | | | | | | |
| Please check your current status: | | | | | | | | | | | | | | | | | | | |
| Full-Time | | | | | | | Unemployment | | | | | | | | | | Not in labour force | | |
| Part-Time | | | | | | | Student/Retraining | | | | | | | | | | Retired | | |
| Volunteering | | | | | | | Disabled | | | | | | | | | | Unknown | | |
| Previous employers (if applicable) | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | | | | | | | | | Date: | | | | | |
| Employer Name: | | | | | | | | | | | | | | Date: | | | | | |
| LEGAL HISTORY | | | | | | | | | | | | | | | | | | | |
| Are you on probation? | | | | | No  Yes\* | | | | | | Are you on parole? | | | | | | No  Yes\* | | |
|  | *If \*YES to any above, until when?* | | | | | | | | | | | | | | | | | | |
|  | *If yes, please list conviction and conditions of probation/parole:* | | | | | | | | | | | | | | | | | | |
| Do you have any outstanding charges, bench warrants? | | | | | | | | | | | | | | | | | | | No  Yes |
| Do you have any outstanding court dates? | | | | | | | | | | | | | | | | | | | No  Yes |
| Have you had a recent (past 6 months) criminal background check completed? | | | | | | | | | | | | | | | | | | | No  Yes |
|  | *If \*NO, would you be willing to submit to one?* | | | | | | | | | | | | | | | | | | No  Yes |
| SUPPORT NETWORKS | | | | | | | | | | | | | | | | | | | |
| Do you have a network of support people from the following examples? | | | | | | | | | | | | | | | | | | | |
| 1. Family | | | | | | | | | | | | | | | | | | | No  Yes |
| 2. Supportive Peers or Friends | | | | | | | | | | | | | | | | | | | No  Yes |
| 3. Addiction Counsellor | | | | | | | | | | | | | | | | | | | No  Yes |
| 4. Sponsor | | | | | | | | | | | | | | | | | | | No  Yes |
| 5. Self-Help/Support Group | | | | | | | | | | | | | | | | | | | No  Yes |
| 6. Case Worker | | | | | | | | | | | | | | | | | | | No  Yes |
| 7. Other | | | | | | | | | | | | | | | | | | | No  Yes |
| Name: | | | | | | | | | | | | | | | Relationship: | | | |  |
| How do you see yourself benefiting from the Supportive Mental Health and Addiction Housing Program? | | | | | | | | | | | | | | | | | | | |
| Is there any other important information that we should be aware of regarding your application? | | | | | | | | | | | | | | | | | | | |
| 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:  Street, City, Province, Postal Code | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | | | | |  | | | | | | | | | | Date: | |  | |
| Completed by: | | | | | |  | | | | | | | | | | Position: | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| CC: Client Family:       Date:  Referral Source/GP:       Date:  Other:       Date: | | | | | | | | | | | | | | | | | | | |