

SASKATOON HOUSING COALITION, INC.

319 Camponi Place~ Saskatoon, Sask. S7M 1E9 ~ Canada
Phone 655-4979 ~ Fax 655-4981

APPLICATION FORM

Application for: _____ Supportive Apartment Program
_____ subsidized units required due to employment income
_____ Transitional Supportive Apartment Program (up to 2 years)
_____ 24-hour Group Home
_____ Outreach Program (Community Support Services)
_____ Hoarding Self-help Support Group

PLEASE READ

I understand that:

1. This application will not be processed unless all questions are fully answered.
2. Written verification of income may be required before this application is processed.
3. This application does not constitute an agreement on the part of the Saskatoon Housing Coalition to provide me with a housing unit.
4. The Saskatoon Housing Coalition may at any time prior to the signing of the lease, withdraw or cancel approval of this application without penalty.
5. Information contained in this application form is confidential. However, I give authorization for the Saskatoon Housing Coalition to make inquiries to verify the facts which relate to the provision of SHC's services.

I hereby state that I have read and understand the above.

Dated at _____ this _____ day of _____, 20 ____ .

Applicant

Witness

1. General Information:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____ SHSP Number: _____

Gender: Male ___ Female ___ Transgender ___

Marital Status: Single ___ Married ___ Widow(er) ___ Divorced ___ Common-law ___ Other ___

Aboriginal Status: First Nations ___ Inuit ___ Metis ___ Non-status ___

Citizenship: Canadian ___ Permanent Resident/Immigrant ___ Refugee ___ Student Visa ___

Place of Birth: _____

Veteran: No ___ Yes ___ (of Canadian Armed Forces ___ or former RCMP ___)

2. Financial Situation:

Source(s) of Income (i.e. Pension, Employment, Social Services, etc.)? _____

Approximate Monthly Income? _____

3. Education and Work Experience:

Highest level of schooling completed? _____

At what age? _____ Where? _____

Specialized Vocational Training? _____

4. Work Experience:

Have you worked within the last year? ___ Where? _____

What jobs have you held in the past? _____

5. Social Situation:

Who does your support system consist of? (i.e. friends, family, relatives, groups, etc.). _____

What are your hobbies or areas of interest and how do you spend your time (day and evening)? _____

6. Other:

How frequently do you use alcohol?

_____ Never _____ Seldom _____ Occasionally _____ Weekly _____ Daily

How frequently do you use drugs, other than those prescribed to you?

_____ Never _____ Seldom _____ Occasionally _____ Weekly _____ Daily

Do you have outstanding criminal charges? _____

Do you have difficulty managing your anger? _____

7. Previous Living Situations:

Please list your current living situation, and living situations over the past five years (i.e. apartment, Approved Home, Group home, etc.)

Have you ever been evicted? If so, please explain _____

Please check off the skill areas you would like to improve:

Money Management: _____ Grocery Shopping: _____ Cooking/Nutrition: _____

Medication Management: _____ Illness Awareness: _____ Personal Hygiene: _____

Housekeeping Skills: _____ Social Skills: _____ Assertiveness: _____

Daily Structure/Routine: _____ Vocational Skills: _____

Community Involvement: _____ Problem Solving: _____

What do you expect to gain from living here? _____

8. Plans for the Future:

Training/Education: _____

Employment: _____

Social Life: _____

9. Community Contact:

Please indicate: Name & Phone # For how long and how often?

Family Doctor: _____ _____

Psychiatrist: _____ _____

CMHN (Nurse): _____ _____

Crisis Management Worker: _____ _____

Financial Worker: _____ _____

Case Manager/Service Coordinator: _____ _____

Other: _____ _____

10. Medical:

What is your diagnosis? _____

Please provide a brief description of how your illness affects you, including side effects, symptoms,
etc.: _____

What medication(s) are you taking and what are the dosages? _____

How long have you been taking these medications? _____

Do you administer your own medication? _____

If yes, for how long? _____

When was your most recent:

1) Physical Examination: _____

2) Dental Checkup: _____

3) Optical Examination: _____

Please list any other physical/medical problems (including allergies)? _____

Do you have any contagious or infectious diseases: (ex: HIV, AIDS, MRSA, Hepatitis, etc)

How many times have you been hospitalized?

1) In the last year: _____ IF yes, for what reason _____

2) In the last five years: _____ IF yes, for what reason _____

11. In Case of Emergency:

Name: _____ Relationship: _____

Address: _____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

12. Do you have any questions or concerns?

Thank you for taking the time to provide this important information. Please return this to:

Saskatoon Housing Coalition
Main Office
319 Camponi Place
Saskatoon, Sask.
S7M 1E9

Fax: (306) 655-4981

306-655-4979 for phone enquiries about the hoarding, supportive apartment and outreach programs

306-655-4975 for phone enquiries about the group home program