TRUE EXPERIENCE

ENGAGING. EMBRACING. EMPOWERING.

Application for **CO-LIVING** (Elizabeth Crescent Homes)

Please note that we are dedicated to protecting the privacy of every individual we serve. All information provided is considered personal and confidential.

APPLICANT INFORMATION

LAST NAME:	**FIRST NAME:**
CURRENT ADDRESS: **CITY/TOWN:** **PROVINCE:** **POSTAL CODE:**	**CONTACT INFORMATION:** **HOME PHONE:** **CELL PHONE:** **EMAIL:**
DATE OF BIRTH: _____ _____ _____ **DAY MONTH YEAR** **HEALTH CARD NUMBER:** **PREFERRED LANGUAGE:**	**SOCIAL INSURANCE NUMBER:** **ODSP NUMBER:** **ODSP WORKER NAME & CONTACT NUMBER:**

EMERGENCY CONTACT

CONTACT NAME:	**CONTACT RELATIONSHIP:**
ADDRESS:	**TOWN/CITY:**
POSTAL CODE:	**HOME PHONE NUMBER:**
CELL PHONE NUMBER:	**EMAIL:**

CURRENT RESIDENCE

Private Home	
Non-Profit Housing	
Hospital (General)	
Hospital (Psychiatric)	
Correctional Facility	
Supportive Housing	
Hostel	
Boarding/Group Home	

Other: (please explain) _____
_____
_____

REFERRING AGENCY/FAMILY MEMBER/GUARDIAN

SOCIAL WORKER/FAMILY MEMBER/GUARDIAN:	**ADDRESS:**
TOWN/CITY:	**POSTAL CODE:**
TELEPHONE:	**EMAIL:**
CELL PHONE:	**FAX:**

ADDITIONAL INFORMATION

Have you ever experienced a mental health crisis?	**YES**	**NO**
Do you have any life threatening allergies that we need to be aware of?		

ABOUT YOU:

Special interests: _____

Special skills: _____

What are your goals: _____
_____
_____

NOTICE:

Please be advised that upon entry into our Supportive Housing Program, you may be asked to complete an Ontario Common Assessment of Need (OCAN). Although participation is not mandatory, we would greatly appreciate your input. More information will be provided at the time of assessment. Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA) and our agency policies, a "Consent to Disclose" form must be completed and signed to provide (when requested) information concerning landlords, medication, physical and mental health history from your physicians, hospitals, case workers, criminal background and financial information with respect to ODSP and Ontario Works.

APPLICANT SIGNATURE: _____DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED:	**RECEIVED BY:**
DATE REVIEWED:	**REVIEWED BY:**
FOLLOW UP:	**INTERVIEW:**
ADDITIONAL INFO REQUESTED:	**RESULTS (please explain)**
EXECUTIVE DIRECTOR: **DATE:**	**HOUSING COORDINATOR:** **DATE:**