



### APPLICATION FORM

168 Bathurst Street, Suite 330  
Toronto, Ontario M5V 2R4  
Tel: 416 703 9645  
Fax: 416 703 9648

#### Welcome!

Regeneration Housing and Support Services serves people in the City of Toronto living with serious mental illness. With this application form, you<sup>1</sup> can be considered for the housing offered at this agency. The purpose of the questions is to help us learn what kind of housing you want and need, so please answer them completely and accurately. Please, read and understand the declaration on page seven and sign the consent form on page eight. The confidentiality of the information you provide will be respected. If another person is acting as a referrer, they must also sign on page five. The completed form should be sent to Regeneration Housing and Support Services.

#### How Can We Contact You?

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. No.: \_\_\_\_\_ Telephone No: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  
 Self Identified As: \_\_\_\_\_

#### Status in Canada

Canadian Citizen  Landed Immigrant  Refugee Claimant

First Language: \_\_\_\_\_

Is there someone we can call if we can't reach you?

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Organization or Relationship: \_\_\_\_\_

#### What is Your Housing Situation?

\_\_\_\_\_

<sup>1</sup> NB, throughout this document "you" is always referring to the applicant.

Have you stayed in a hostel during the last year?  Yes  No

Are you currently homeless?  Yes  No

Where are you staying now?

- Hospital       Family/Friend       Hostel/Shelter       On the streets  
 Boarding Home    Rooming House    Own apartment or House  
 Supportive Housing (specify agency): \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

How long have you lived there?

- Less than 6 months       6 to 12 months       Over 1 year    Over 2 years

How long did you live at your previous address?

- Less than 6 months       6 to 12 months       Over 1 year    Over 2 years

Are you sharing a room with someone now?  Yes  No

#### WHAT IS YOUR HEALTH SITUATION?

Have you been diagnosed with a mental illness?  Yes  No  Don't know

If yes, what was the diagnosis or diagnoses? \_\_\_\_\_

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Have you ever been diagnosed with an addiction?  Yes  No  Don't know

If yes, describe the addiction? \_\_\_\_\_

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Have you been hospitalized in the last two years:

Hospital	Reason	Length of Stay

Are you taking any medications now?  Yes  No

Can you take your medications on your own?  Yes  No

Do you have other physical health problems or limitations?  Yes  No

If yes, please explain: \_\_\_\_\_

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Do you require housing suitable for a physically disabled person?  Yes  No

Do you have a psychiatrist?  Yes  No

Do you have a medical doctor?  Yes  No

WHAT INCOME DO YOU HAVE?

Most participating agencies provide rent-geared –to-income and other subsidized housing and have to determine income eligibility. Please list the sources of income that you currently receive (gross amounts- i.e., before deductions).

	Monthly Amount (\$)
<input type="checkbox"/> Ontario Works (OW)	
<input type="checkbox"/> Ontario Disability Sup. Prog. (ODSP)	
<input type="checkbox"/> Canada Pens. Plan (CPP) Disability	
<input type="checkbox"/> Employment Insurance (EI)	
<input type="checkbox"/> Salary/Wages	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
Total:	

If you have applied for one of the above sources, but are not yet receiving it, please provide details:

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WHAT SUPPORT DO YOU NEED?

What kind of support do you think you need in your housing (check one only)?

24-hour  Daily  Weekly  Other (specify): \_\_\_\_\_

Have you ever had problems keeping you housing?  Yes  No

If yes, please explain: \_\_\_\_\_

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Do you need support with any of the following:

	A Lot	Some	None
Household Chores			
Preparing Meals			
Shopping			
Handling Finances			
Using Transportation			
Relating to People			
Managing Anger			
Leisure Time Activities			
Employment			
Other:			

Have you ever tried to take your life?

Yes  No Date of Last Occurrence: \_\_\_\_\_

Do you have a current or previous involvement with the justice system?

Yes  No

Are you currently receiving individual support from a case manager, ACT team, etc.?

Yes  No

Worker No. 1 (Name): \_\_\_\_\_

Agency: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Worker No. 2 (Name): \_\_\_\_\_

Agency: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

How often do you see your support service Worker(s)?

More than once a week       Once every 2-3 weeks       Every 6 months  
 Once a week       Once a month       Other \_\_\_\_\_

### WHAT HOUSING DO YOU WANT?

Are you prepared to live anywhere in the City of Toronto?       Yes  No

If not, please indicate your location preferences (check as many as you like):

Anywhere in Old City of Toronto       North York  
 Old Toronto – West End (West of Yonge)       Etobicoke  
 Old Toronto – East End (East of Yonge)       Scarborough  
 Old Toronto – Downtown Core

There is a limited amount of supportive housing units available for families. Does this apply to you?

Yes  No

If yes, please provide the following information about them:

Name	Relationship to You	Date of Birth Day-Month- Year	Sex (M/F)	Monthly Income

Do you want to live in housing for:

Men & Women  Women Only  Men Only

Would you share a room with someone you don't know?  Yes  No

Please indicate what you are looking for in terms of meals (check all acceptable options):

<input type="checkbox"/> All Meals Supplied	<input type="checkbox"/> Open to Sharing in Meal Preparation	<input type="checkbox"/> Will Look After Own Meals
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What other types of supportive housing will you accept (check all that apply)?

<input type="checkbox"/> Shared Living in a House or Apartment	<input type="checkbox"/> Shared Room in a House or Apt.	<input type="checkbox"/> My Own Apartment
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Note that there are a limited number of self-contained apartment vacancies, and that agencies generally give preference for these units to current tenants living in shared accommodation.

When do you require housing?

As Soon As Possible  Other (specify): \_\_\_\_\_

Is there anything else that you would like us to know that would assist us in dealing with your application:

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person making this referral: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of personal making this referral: \_\_\_\_\_

## **Diversity Policy**

Regeneration Housing and Support Services affirms that certain groups in our community are treated inequitably because of individual and systemic discrimination. These groups include: gender, race, ancestry, place of origin, colour, ethnic origin, citizenship, religion, faith, sexual orientation, gender identity, age, record of offence, marital status, family status, class, or disability. Regeneration Housing and Support Services welcomes and encourages members of these groups to apply.

## **REGENERATION HOUSING AND SUPPORT SERVICES PRIVACY GUIDELINES AND PRINCIPLES**

Regeneration Housing and Support Services values the trust you have placed in us. We respect your personal privacy and do our best to safeguard its confidentiality and security.

We collect and use your personal information to:

- Identify the most appropriate services for you;
- Make certain that you are eligible for those services;
- Share with other services or people (as you allow us) to organize your support;
- Maintain billing and accounting information related to the services you use

We will explain to you why we ask for personal information and how we will use the information you give us. We will only ask for information that we need, to provide service to you.

We will keep your information accurate and up to date, allow only authorized people to see your information and always keep your information secure.

We will ask for your permission to collect, keep, use and share information with others. The consent you give is valid until you withdraw it in writing.

We will only use or share your personal information for the purposes for which you gave it to us, unless we are required to do so by law. We will keep your information only as long as required by law.

You may ask to see the information we have about you. If you would like to see this information, please contact the privacy officer listed below, or Maureen Walsh. If you feel that any information is incorrect or incomplete, we ask that you tell us. If possible, we will correct the information.

If you have any questions, comments or complaints about our privacy policies and procedures, please contact Caroline Boone, our Privacy Officer, at 416-703-9645, 168 Bathurst St., Suite 330, Toronto, M5V 2R4 (fax number 416-703-9648, e-mail [cboone@regenerationhouse.com](mailto:cboone@regenerationhouse.com))



**CONSENT FOR DISCLOSURE AND/ OR  
COLLECTION OF PERSONAL HEALTH  
INFORMATION**

I \_\_\_\_\_

hereby authorize Regeneration House Inc. and \_\_\_\_\_  
*Name of Person/Agency*

to disclose and collect personal health information between Regeneration House Inc. and

\_\_\_\_\_  
*Name of Person/Agency*

of \_\_\_\_\_  
*Street Address of agency                      City                      Province                      Postal Code*

information pertaining to: \_\_\_\_\_  
*Print Client Name                      Date of birth (dd/mm/yyyy)*

\_\_\_\_\_  
*Street Address                      City                      Province                      Postal Code*

\_\_\_\_\_  
*Signature of Witness                      Signature of Client*

\_\_\_\_\_  
*Print Name of Witness                      If other than client print name and state relationship*

Date: \_\_\_\_\_  
*(dd/mm/yyyy)*

**This Authorization may be withdrawn at any time.**