

# 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 THE FOLLOWING

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.
6. It is your responsibility to keep our office updated on any changes on your application. ALL APPLICATIONS REMAIN ON FILE FOR A THREE (3) YEAR PERIOD and will need to be resubmitted after that date.

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: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sk. Hospitalization 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?

\_\_\_\_\_  
\_\_\_\_\_

13. For the Supportive Apartment Program, please provide two (2) landlord references.

1. Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

When did you live there and for how long? \_\_\_\_\_

2. Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

When did you live there and for how long? \_\_\_\_\_

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