



**Coordinated Access Network Office**  
**301-205 Richmond St. West**  
**Toronto, Ontario**  
**M5V 1V3**  
**Telephone: 416-979-1994, ext. 261**  
**Fax: 416-916-1689**

**November 4<sup>th</sup>, 2009**

**To: Applicants for Supportive Housing in Toronto**  
**From: Alyssa Henning, Project Manager, Coordinated Access to Supportive Housing**  
**RE: Coordinated Access to Supportive Housing**

Hello,

The Toronto Mental Health and Addictions Supportive Housing Network is working together to streamline access to supportive housing through a coordinated access system. The 28 housing providers participating in this project have agreed on a single application form to be used. This allows applicants to fill in one application form and be considered for all 28 supportive housing providers.

All new referrals made to supportive housing will be completed using this new system.

The application form allows individuals to choose the geographical area and type of housing they are looking for, as well as the support needs they require. The applicant can identify which housing providers he/she would like to be considered for, as well as any agency they would *not* like to be considered for. Agencies may have additional eligibility criteria, and the Network Office will screen to ensure the housing choices of the applicant meet the criteria listed by the agency. Applicants can also have the Network Office match them to any agency that they are eligible for, based on their choices.

Once the application form is filled in, it can either be sent to a housing provider, or the Network Office (mailing address and fax number are provided at the top of this memo).

If you have any questions, feel free to contact the Network Office. Alternatively, for additional information, please visit our website at: <http://hsn-registry.roxysoftware.com/>

Sincerely,

Alyssa Henning



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# Mental Health & Addictions Supportive Housing – Application Form

**Purpose of the Form**

The Toronto Mental Health and Addictions Supportive Housing Network (Network) has been established to streamline access to supportive housing. With this application form, you can be considered for supportive housing offered by the 29 agencies participating in the Network.

- To apply for supportive housing, you must:
- be challenged with mental health issues
  - be at least 16 years of age
  - require rent geared to income housing

In addition to the above, you may also be challenged with substance abuse and/or intellectual disabilities.

The questions in this form ask what kind of housing you want, as well as other questions about you that are related to supportive housing, such as your support needs. The funders for this project require us to also collect basic data but this information will be provided in a manner that does not identify you.

The 29 housing providers have different eligibility criteria, so it is important to fill out the application form completely and accurately. The application form is designed to assist us in finding housing that closely matches the information you provide, and the more accurately you fill out the application form, the better this match will be.

**Before filling out this application form, we encourage you to visit our website. Our website lists information on all of the supportive housing providers, and will help you make an informed decision about your housing options:**

<http://hsn-registry.roxysoftware.com>

If you need assistance, or have any questions about the application form, please call the Housing Registry Worker at 416-979-1994, ext. 231.

After you complete the application form, please send it to the Toronto Mental Health & Addictions Supportive Housing Network, 205 Richmond St. West, Suite 301, Toronto, ON, M5V1V3, or fax it to 416-979-3028.

You will be contacted within five (5) business days of receiving your application to confirm receipt, verify your eligibility for supportive housing, based on the criteria above, and to discuss any availability of vacancies.

INTERNAL OFFICE USE ONLY		
	DATE	INITIAL
APPLICATION RECEIVED		

**Section 1: APPLICANT INFORMATION**

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

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

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

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Gender: \_\_\_\_\_

Are you currently in temporary housing or homeless?  Yes  No

Where are you currently living (please check one)?

- Approved Homes/Homes for Special Care  Private non-profit housing
- Correctional/probation facility  Private house/apt. – owned/market rent
- Domiciliary hostel  Private house/apt. – other/subsidized
- General hospital  Retirement home/senior’s residence
- Psychiatric hospital  Rooming/boarding home
- Other specialty hospital  Supportive housing – congregate living
- No fixed address  Supportive housing – assisted living (developmental)
- Hostel/shelter  Long-term care facility/nursing home
- Municipal non-profit  Unknown
- Other: \_\_\_\_\_

Who are you currently living with (please check one)?

- I live by myself  Spouse/partner  Spouse/partner & others  Children
- Parents  Relatives  Non-Relatives  Other \_\_\_\_\_

Status in Canada:  Canadian Citizen  Landed Immigrant  Refugee Claimant  Other

Year of arrival in Canada: \_\_\_\_\_

Aboriginal origin:  Aboriginal  Non-Aboriginal  Unknown

Do you speak English?  Yes  No  Some

How well do you communicate in English?  Very Well  Well  
 Average  Poorly

What is your preferred language? \_\_\_\_\_

## Section 2: WHAT HOUSING DOES THE APPLICANT 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):

- West End of Toronto  North York  
 East End of Toronto  Etobicoke  
 Downtown Core of Toronto  Scarborough

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 your family:

Name	Relationship to you	Date of Birth Day/Month/Year	Gender	Monthly Income

Do you want to live in housing for (check all that apply):

- Men & Women  Women Only  Men Only

Some of the Network agencies have contracts with owners and operators of boarding homes to provide accommodation and meals for tenants. It is often possible to match an applicant to a boarding home more quickly than in other supportive housing.

Would you like to be referred to a Boarding Home?  Yes  No

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

What other types of supportive housing will you accept (check all that apply):

- Rooming House  
 Shared Living in a House or Apartment  
 My Own Apartment - dedicated building (all tenants are people living with mental health challenges)  
 My Own Apartment - scattered unit (some tenants are people living with mental health challenges)

Do you require housing suitable for a person with physical ability issues?  Yes  No

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

Please list any particular agencies that you want your application sent to (to a total of 5). Agencies should be listed in order of preference (i.e. with your first choice listed as #1, etc.). If there is a particular location you want to be considered for, you may indicate that as well.

Please note that these are *preferences* and agencies may screen for support needs, to ensure that you are matched up with the best possible provider. Agencies may have additional eligibility criteria. Please see our website (<http://hsn-registry.roxysoftware.com>) for descriptions of these criteria to avoid disappointment.

Agency	Major Intersection (Optional)
1.	
2.	
3.	
4.	
5.	

If there is a particular agency that you would prefer *not* to be considered for, please indicate:

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Do you want the Network Office to also submit your application to the agencies that have the supportive housing that most closely matches your needs and preferences, in addition to your preferences listed above (to a maximum five)?

Yes       No

**Section 3: APPLICANT'S HOUSING REFERENCES AND HISTORY**

Under the *Residential Tenancies Act*, in selecting prospective tenants, landlords may use income information, credit checks, credit references, rental history, guarantees or other similar business practices permitted under the *Human Rights Code* regulations.

Please list your housing history for the past 3 years:

Address: \_\_\_\_\_  
Type of Housing: \_\_\_\_\_  
Landlord/Agency Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_  
Type of Housing: \_\_\_\_\_  
Landlord/Agency Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_  
Type of Housing: \_\_\_\_\_  
Landlord/Agency Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Other comments relating to housing history:

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

**Section 4: APPLICANT'S PHYSICAL AND MENTAL HEALTH STATUS**

Do you have other physical health conditions or challenges (ex. allergies, diabetes, hearing impairment)?  Yes  No

If yes, please describe:

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How long have you been challenged by mental health issues (i.e., length of time)?

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Have you ever been formally given a mental health diagnosis?

Yes  No  Don't know

If Yes, what was/is the primary diagnosis? \_\_\_\_\_

Are you struggling with any other mental health issues? \_\_\_\_\_

Are you struggling with any issues related to substance use (such as drugs or alcohol)?  
\_\_\_\_\_

Are you struggling with any intellectual disability? \_\_\_\_\_

Have you been to a hospital emergency department in the past 2 years for mental health reasons?

Yes  No

If Yes, how many times have you needed to use emergency room services in the past two years? \_\_\_\_\_

Have you been hospitalized due to mental health issues in the past two years?  Yes  No

If you answered 'Yes' to the above question, please provide the following information:

Number of times hospitalized: \_\_\_\_\_

Number of hospitalization days: \_\_\_\_\_

**Section 5: APPLICANT'S STRENGTHS AND RESOURCES**

How have you gotten through the tough times in your life?

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What supports have you found useful? What do you wish had happened?

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What have these experiences taught you?

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Are there any positive ways in which you have changed or grown as a person, as a result of these experiences?

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Who do you go to for help in times of trouble? Who goes to you for help?

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Give examples of times when you've really felt proud of yourself.

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Give examples of any activity meaningful to you that you participate in (such as education, employment, volunteering, attending programs, etc.)?

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## Section 7: WHAT SUPPORTS DO YOU HAVE?

Please describe any other supports that you have in your life (e.g., family, friends, faith community, cultural groups/community, other community supports):

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Are you presently working with any service providers (i.e. case workers, ACT teams, etc.)?

Yes       No

If Yes, please provide the following information on each service provider with whom you are working:

Agency	Name/Contact Person	Services Received	Telephone Number	Frequency of Contact	Please check if you give consent for him/her to be contacted

Do you have a physician (e.g., GP, family doctor, walk-in clinic doctor)?  Yes       No

If Yes, please provide his/her contact information:

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

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you give consent for him/her to be contacted?  Yes       No

Do you have a psychiatrist?  Yes       No

If Yes, please provide his/her contact information:

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

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you give consent for him/her to be contacted?  Yes       No

**Section 8: WHAT EXTRA SUPPORTS MIGHT YOU NEED?**

What kind of support do you think you need?

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

Would you like extra support with any of the following?

	Some	A Lot
Self-managing Medication		
Financial responsibilities		
Self-care		
Using transportation / TTC		
Developing positive relationships		
Meeting new people		
Meal Preparation		
Shopping		
Looking after your home		
Adding structure to my day		
Diabetes education		
Nutrition and diet information		
Getting to appointments		
Avoiding unsafe situations		
Wellness Recovery Action Planning – WRAP		
Understanding English, reading, writing, literacy skills		
Physical Health and fitness education		
Avoiding crises and dealing with anger		
Dealing with drug or alcohol use		
Improving employability & career possibilities		
Education/Training		
Self-advocacy – knowing my rights		
Other Areas (please describe):		
_____		
_____		
_____		

## Section 9: LEGAL INVOLVEMENT

Please complete the following questions if you have or have had legal involvement.

Please describe the legal involvement (i.e. dates, nature of incidence, etc.):

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Please complete the following questions if you have *current* legal involvement (check all that apply):

- Pre-charge:     Pre-charge diversion                       Court diversion program
- Pre-trial:         Awaiting fitness assessment                       In community on own recognizance  
                       Awaiting trial (with or without bail)                       Unfit to stand trial  
                       Awaiting criminal responsibility assessment (NCR)
- Outcomes:       Charges withdrawn                                       Conditional sentence  
                       Stay of proceedings     Restraining order  
                       Awaiting sentence     Peace bond  
                       NCR     Suspended sentence  
                       Conditional Discharge
- Custody          ORB Detained - Community Access                       On probation
- Status:           ORB Conditional Discharge                                       Incarcerated  
                       On parole
- Other:             No legal problem (includes absolute discharge and end of sentence)  
                       Other criminal/legal problems                                       Unknown

**Section 10: CONTACT INFORMATION**

**Alternate Contact Information**

If a unit becomes available, or we need to update your file, and cannot reach you, is there someone else we can contact?

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

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

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

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

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

**Do you have someone supporting you with organizing your finances (i.e. a Public Trustee, Power of Attorney, family member, friend, agency, etc.)? If yes, please provide the following details:**

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

Full Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

File Number (if any): \_\_\_\_\_

## Section 11: INCOME INFORMATION

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

Income Source	Monthly Amount
<input type="checkbox"/> Employment	
<input type="checkbox"/> Employment Insurance (EI)	
<input type="checkbox"/> Family	
<input type="checkbox"/> Canadian Pension Plan (CPP)	
<input type="checkbox"/> Ontario Disability Support Program (ODSP)	
<input type="checkbox"/> Disability Assistance	
<input type="checkbox"/> Social Assistance (Ontario Works)	
<input type="checkbox"/> No Source of Income at this time	
<input type="checkbox"/> Other: _____	
<b>TOTAL</b>	

If you have applied for one of the above sources, but are not yet receiving it, please provide details (i.e. application status and application date):

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If you have any personal assets (i.e. bank balances, trust funds, stocks, bonds, etc.), please describe them below:

ASSET TYPE	TOTAL VALUE

## Section 12: YOUR DECLARATION AND CONSENT

*This is your agreement with us. We will respect the confidentiality of the personal information that you provide to us. You agree to what is set out below. Please read it carefully before signing.*

I \_\_\_\_\_  
(print name of applicant)

have done my best to ensure the information provided in this application is correct.

I give my consent for the Toronto Mental Health and Addictions Supportive Housing Network (Network) and the agencies comprising the Network to collect all relevant information contained in the records maintained by the following sources in order to confirm the information set out in this application:

- The City of Toronto (to confirm that I receive income from the Ontario Works (OW) and the amount received);
- The Ministry of Community and Social Services (to confirm that I receive income from the Ontario Disability Support Program (ODSP) and the amount received);
- The Network Agencies and housing providers to which I am referred to, and/or where I am housed, and/or where I have been housed;
- The psychiatrist, physician, other support agencies, and the public trustee/power of attorney listed on my application, where I have indicated that these person(s)/agencies may be contacted as set out in 7 of this application; and
- The referrer listed below.

I also give my consent for the Network and Network Agencies to disclose all relevant information from any of the above listed sources as well as this application form to Network agencies and their housing providers for the purpose of arranging and maintaining housing for me.

I may withdraw or amend this consent at any time in writing, except where information has already been shared. I also understand that the Network or Network Agencies may be required at law to disclose my personal information to a party other than those listed above without my consent where required by law.

I understand that a Landlord Reference Check *may* be completed, and files from previous tenancies *may* be examined in order to locate an appropriate housing placement for me.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your information will be combined with information provided by other clients of the Coordinated Access to Supportive Housing program. You will not be identified in the data collection and no report that identifies you will be made. This information is used for [statistics required by funders of the Network for program review and evaluation.

I agree to provide information for the Toronto Mental Health and Addictions Supportive Housing Network Data Collection.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 13: REFERRING AGENCY/WORKER INFORMATION**

If another person is referring you, please have them fill in the following information, and sign below.

Relationship to Applicant: \_\_\_\_\_

How well do you know the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

How Many Contacts Do You Have With The Applicant Per Month? \_\_\_\_\_

Do You Intend To Remain Involved With The Applicant If He/She Secures Housing?

YES       NO

If YES, Please Describe The Level of Involvement That You Intend To Maintain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 14: REFERRER'S STATEMENT**

To the best of my knowledge and belief, after carefully reviewing the information available to me, the information contained in this application is complete and correct.

Some of the housing providers have congregate living situations, with minimal supervision and, in some cases, shared bedrooms. Based upon my knowledge of the Applicant and my careful review of the information available to me, my assessment is that this is an appropriate referral for the applicant's desired housing choices (on page 3).

I have known the Applicant for the following length of time:  
\_\_\_\_\_

**Referrer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

If you have any reservations about the information contained in the application form, please contact the Network Office.