

APPLICANT

Last Name		First Name		Month	Date of Birth Day	Year	Sex / Gender	Marital Status
Health Card Number		<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant		<input type="checkbox"/> Refugee		<input type="checkbox"/> Sponsored
Current Address			Apt/ Unit #	City		Postal Code		
Preferred Language:		<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other				

Applicant Contact Telephone Number(s) and/ or Email:

Email:
Home () - Email _____

Emergency Contact () - Business () - Ext: _____

Other () - Ext: _____

Referral Source (Please check the one that best describes your situation)

Self Family/ Friends Shelter Community Case Manager Education Crisis Health Care Organization

Name: _____ Organization: _____ Number: () - _____

Reason for Referral: Homeless Issues at home Unemployment Other _____

Have you (or a member of your family) previously lived at Angela's Place Yes No

INCOME

Ontario Works ODSP Pension Old Age Security

Part time employment Full time employment No income Other (specify) _____

HOUSEHOLD MEMBERS

<input type="checkbox"/> Partner	Last Name	First Name	M	Date of Birth D	Y	Age
<input type="checkbox"/> Dependants (list all)	Last Name	First Name	M	Date of Birth D	Y	Age
<input type="checkbox"/> Dependants (list all)	Last Name	First Name	M	Date of Birth D	Y	Age
<input type="checkbox"/> Dependants (list all)	Last Name	First Name	M	Date of Birth D	Y	Age
<input type="checkbox"/> Dependants (list all)	Last Name	First Name	M	Date of Birth D	Y	Age
<input type="checkbox"/> Dependants (list all)	Last Name	First Name	M	Date of Birth D	Y	Age

EMPLOYMENT HISTORY / GOALS

Currently Working? PT (part-time) FT (full-time) Please explain (describe): _____

Employer's Name: _____

List employment goals, if any: (where/ if applicable)

HOUSING

DESCRIBE YOUR CURRENT LIVING SITUATION

- Shelter
 Living with family or friend but would like to live independently
 Incarcerated
 At risk of losing housing
 Renting with no risk of losing housing
 No Fixed Address
 Own Home
 Evicted from housing. Please provide reason: _____

APARTMENT REQUIREMENTS

- One bedroom
 Two Bedroom
 Three Bedroom
 Other (specify)

SUBSTANCE USE

Do you use substances? Yes No

If yes, please provide details. _____

CRIMINAL JUSTICE INVOLVEMENT

Do you or a family member have any involvement with the criminal justice system? Yes No

If yes, please provide details. _____

HEALTH HISTORY

History of:

- Physical Health Concerns:** Details _____
 Mental Health Concerns: Details _____
 Allergies: List _____

PROGRAMMING INTERESTS

Workshops are an integral part of the program. Check all of the programs that may interest you and / or your family:

- | | | |
|--|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Community Support | <input type="checkbox"/> Social |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Cleaning / Laundry | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Time Management | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Tenant Association |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Other – Please list: |

Declaration of the Applicant

To the best of my knowledge, I have provided accurate information in support of my application for Transitional Housing at Angela's Place

x _____ *Month Day Year*

x _____ *Month Day Year*

() _____ *Address City Postal Code*

Applications submitted should be completed in full and returned to:

**SHIP – Angela's Place
Attention: Intake
45 Glenn Hawthorne Blvd
Mississauga, ON L5R 4J9
Fax: 905-502-8661**

CHECKLIST: Did you include the following with your Application?

- Consent to Disclose Personal Health Information -- **MUST BE ORIGINALS** -- (signed and dated). (*Supports -- Doctor, case manager, family member who are permitted to discuss applicant's information for the sole purpose of application for Transitional Housing*)

- Copy of: Citizenship, Landed Immigrant status, Birth Certificate, Permanent Resident

As the program at Angela's Place is a Region of Peel program, the applicant's personal information is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the Ontario Works Act 1997, s. 7. The information collected will be used for assessing applications and determining eligibility of applicants for temporary residency at Angela's Place as well as to assist SHIP and The Regional Municipality of Peel with the proper operation of the Angela's Place program and the provision of applicable program support services to its residents. Additionally information collected will be used for statistical reporting to other government agencies. Any questions regarding this collection may be directed to SHIPs Privacy Officer at 905-795-8742 who can answer questions about the collection of information under this program.

Important Note

It is the policy of SHIP to fully respect each applicant's confidentiality. However, there are limitations on our ability or obligations to maintain confidentiality; SHIP is required to share information when your behaviour poses a threat of physical harm to yourself or someone else, or other legally required reporting situations.