Oxford County Community Health Centre

EVERY ONE MATTERS.

HURON HOUSE

Oxford County Community Health Centre's mission is to promote everyone working together to build healthy communities throughout Oxford County by providing health care, support and education that works for you. Every one matters…Everyone Housed!

The OCCHC Transitional Housing program is designed to provide adequate, safe, affordable transitional housing for 3-12 months. The program is designed for single individuals located within Oxford County. This program is built to assist individuals facing barriers to alternate housing and require more support. The program is individualized to meet the specific needs of all participants. While engaged in the program the participants are required to participate in life skills coaching and work with a case worker on self-identified SMART goals to ensure the resident leaves the program into successful independent housing. This is done through weekly case management and life skills groups.

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Transitional Housing Application

Applicant

First Name:	**Last Name:**	**Phone Number:** Leave Message Yes☐ No☐
DOB (M/D/Y): **Age:**	**Preferred Language:**	**Gender:**
SOI: ☐ OW ☐ ODSP ☐ EI ☐ Part Time Work ☐ Full Time Work	☐ CPP/CPPD ☐ OAS ☐ None ☐ Other _____	**Case Worker:** Consent: Yes☐ No☐ **Total Monthly Income:**
Highest level of education:	**Marital Status:** Single☐ Married☐ Common-law☐ Divorced☐ Separated☐ Partnership☐	**Email Address:**

Emergency Contact Information

Name:	**Relationship:**
Address *(Including City)*	**Phone Number:**

Medical Information

Health Card:	**Do you have a family doctor?** Yes☐ No☐	**Phone Number:**
Do you have any health concerns?	**Family Doctor:**	**Address:**
How would you describe your current state of health? Excellent☐ Good☐ Fair☐ Poor☐		
Are you pregnant? Yes☐ No☐	**If yes, when are you due?**	

Medical History

Please indicate any medical history that you believe is important for us to know and may pertain to your housing.
Do you have any known allergies? Example: food, medication, environmental, chemicals or other
Current Medications: *(Please include all prescriptions, over the counter medicines, vitamins/minerals, herbal preparations, homeopathic remedies etc.)*

Mental Health/Addictions

Do you have any addictions? If so, what are they? *(Alcohol, Drugs, gambling etc.)* **Yes☐ No☐**	**If yes, please give details.** *(Frequency of use, clean time)*	
Are you interested in treatment of any kind or have you attended any treatment? Yes ☐ No ☐	**If yes, please give details** *(Where, When)*	
Have you ever been to see a psychiatrist/Psychologist? Yes ☐ No ☐	**Name:**	**Address:**
	Phone:	**Fax:**
Is there ongoing care? Yes☐ No☐	**Diagnosis:**	

Previous Accommodation

☐ **Correctional Facility**	☐ **Emergency Shelter** (Oxford County)	☐ **Residential Care Facility**
☐ **Hospital** (Medical & Psychiatric)	☐ **Emergency Shelter** (Out of County)	☐ **Foster Care**
☐ **Unsheltered** (Street, Vehicle, campsite, public space, squatting)	☐ **Market Rent**	☐ **Alcohol/Drug recovery facility or program**
☐ **Family, Friends or Strangers**	☐ **Home Ownership**	☐ **Supportive Housing**
☐ **Other:**	☐ **Indwell**	☐ **Subsidized Housing**

Current living situation

Current Address *(Including city/postal code)*

Expectations of the Program

What are your expectations of the Transitional Housing Program?	
What long term expectations do you have from working with a case worker?	
What behaviours or lifestyle habits do you currently engage in that you believe enhances you?	
What behaviours or lifestyle habits do you currently engage in that you believe are self-destructive?	

What barriers do you foresee in making lifestyle changes?	
Do you have a support network? If so, who?	
Do you have any hobbies? *(Please list)*	

Income Information

Income (e.g. OW, ODSP, earnings, support payments, pension etc.) you must disclose all income sources and amounts		
Source:	**Amount:**	**Frequency:**
If receiving Ontario Works or ODSP, please provide Case Managers name and contact information		
OW/ODSP Case Manager:		
Do you have any monthly payments for outstanding debts of other obligations? Yes ☐ No ☐		
If yes, please show amounts and explain:		

Lifestyle and Environment

Employment: Are you currently working? If so, where do you work? If no, who was your last employer?	**How many hours do you work in a week? _____**
How would you describe the emotional climate of your home right now?	
List any major stressors in your life right now	
Why do you think you could benefit from living in supportive housing?	
Is there anything else we should know about you that will help us assess your suitability for the program and help us to serve you better if you are accepted?	

Housing History

Where were you living prior to your current living arrangement? (Please include address)	
What caused you to leave your previous address?	
How long have you been living in your current housing?	
Please list the barriers to permanent housing that you have encountered.	

Personal Growth

Please list three short term goals and three long term goals that you would like to achieve		
Short Term		
1.		
2.		
3.		
Long Term		
1.		
2.		
3.		
What skills do you need or want to develop? Please check off as many that are applicable to you.		
☐ Budgeting	☐ Relationship/Life Skills	☐ Parenting
☐ Education/Training	☐ Anger Management	☐ Self-Esteem
Any Others:		
Are you willing to sign a participation agreement with the OCCHC? (You can revoke the relationship at any time; however, this action will result in your immediate discharge from the program.) **Yes☐ No ☐**		

Referral Information

Referral From:	**Comments:**
Contact:	

I certify that all the information I have provided in this application is true to the best of my knowledge and that if I knowingly falsify information in this application, I may be denied admission to the program or discharged from it.

Applicant Signature: _____ Date: _____

For office use only		
Date received:	**VI-SPDAT Score:**	