



# HURON HOUSE

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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 who have the ability to live independently. 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 transitional housing 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.*

**Applicant**

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

**Emergency Contact Information**

<b>Name:</b>	<b>Relationship:</b>
<b>Address (Including City)</b>	<b>Phone Number:</b>

By providing the above contact person you agree to the Transitional Housing Worker to contact this person in case of an emergency.

**Medical Information**

<b>Health Card:</b>	<b>Do you have a family doctor?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Phone Number:</b>
<b>Do you have any health concerns?</b>	<b>Family Doctor:</b>	<b>Address:</b>
<b>How would you describe your current state of health?</b> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		
<b>Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>If yes, when are you due?</b>
<b>Please indicate any medical history that you believe is important for us to know and may pertain to your housing (Example Allergies):</b>		

**Mental Health/Addictions**

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

**Previous Accommodation**

<input type="checkbox"/> <b>Correctional Facility</b>	<input type="checkbox"/> <b>Emergency Shelter</b> <i>(Oxford County)</i>	<input type="checkbox"/> <b>Residential Care Facility</b>
<input type="checkbox"/> <b>Hospital</b> <i>(Medical &amp; Psychiatric)</i>	<input type="checkbox"/> <b>Emergency Shelter</b> <i>(Out of County)</i>	<input type="checkbox"/> <b>Foster Care</b>
<input type="checkbox"/> <b>Unsheltered</b> <i>(Street, Vehicle, campsite, public space, squatting)</i>	<input type="checkbox"/> <b>Market Rent</b>	<input type="checkbox"/> <b>Alcohol/Drug recovery facility or program</b>
<input type="checkbox"/> <b>Family, Friends or Strangers</b>	<input type="checkbox"/> <b>Home Ownership</b>	<input type="checkbox"/> <b>Supportive Housing</b>
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/> <b>Indwell</b>	<input type="checkbox"/> <b>Subsidized Housing</b>

**Income Information**

<p><b>Income (e.g. OW, ODSP, earnings, support payments, pension etc.) you must disclose all income sources and amounts</b></p>		
<b>Source:</b>	<b>Amount:</b>	<b>Frequency:</b>
<p><b>Do you have any monthly payments for outstanding debts or other obligations?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>If yes, please show amounts and explain:</b></p>		

**Lifestyle**

<p><b>Are you currently working? If so, where do you work? What are your hours?</b></p>	<p><b>How many hours do you work in a week?</b> _____</p>
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<b>Do you have a support network? Who?</b>	
<b>Do you have any hobbies?</b> <i>(Please list)</i>	
<b>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?</b>	

**Housing History**

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

**Personal Growth**

<b>What skills do you need or want to develop? Please check off as many that are applicable to you.</b>		
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Relationship/Life Skills	<input type="checkbox"/> Parenting
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Self-Esteem
<b>Are you capable of the tasks of independent daily living such as bathing etc.?</b>		
<b>Are you willing to sign the guest guidelines/participation agreement with the OCCHC?</b> <i>(You can revoke the relationship at any time; however, this action will result in your immediate discharge from the program.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Referral Information**

<b>Referral From:</b>	<b>Comments:</b>
<b>Contact:</b>	

***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: \_\_\_\_\_**