NAME: (First & Last)

Transitional Housing

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 and must be 18+. 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.

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Transitional Housing Application

APPLICANT INFORMATION		
First Name: **Enter First Name**	**Last Name:** **Enter Last Name**	**Phone Number:** **Enter Number/NA** Leave Message: Yes ☐ No ☐
Birthdate (M/D/Y): Select Birthdate **Age: Enter Age**	**Preferred Language:** **Enter Preferred Language**	**Gender:** **Gender**
Income: ☐OW ☐ODSP ☐EI	☐Working Full Time ☐CPP/CPPD ☐OAS ☐None	☐Working Part Time ☐Other:
Case Manager: **Please enter Name**	Consent Form Signed: ☐Yes ☐No	**Total Monthly Income:** **Amount $$ monthly**
Current Address: **Address/ Or NFA**	**Marital Status:** ☐Single ☐Common-law ☐Separated ☐Married ☐Divorced ☐Partnership	**Email Address:** **Email address**

EMERGENCY CONTACT INFORMATION	
Name: **Enter their Full Name**	**Relationship:** **Family Member, Friend, other**
Address: *(Including City)* **Include Full Address**	**Phone Number:** **Enter Phone Number**

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

MEDICAL INFORMATION		
Health Card: **Full HC Number** ☐**Lost/Stolen**	**Do you have a family doctor?** ☐Yes ☐ No	**Family Doctor:** **Doctors Name**
	Doctor's Contact Phone: **Doctors Number** Address: **Doctors 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?** **Select Date**	
Please indicate any medical history that you believe is important for us to know and may pertain to your housing: **Enter details**		

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HEALTH INFORMATION CONT.		
Do you have any health concerns? Enter details		
☐**Epileptic** ☐Active/ ☐Inactive (Last Seizure): Enter Date	☐**EpiPen** Allergy: Enter all that apply	☐**Diabetic** Type 1 ☐ / Type 2 ☐
☐**Fall Risk**	☐**Mobility** List concerns: Enter Details	☐**Hypertension** ☐**Hypotension**
☐**Asthma**	☐**Cardiac Concerns**	☐**Cancer**
Medications: All current medications		

MENTAL HEALTH/ADDICTIONS	
Do you have any addictions issues Past or Present? *(Alcohol, Drugs, gambling etc.)* ☐Yes ☐ No	**If yes, please give details.** *(Frequency of use, clean time)* Enter Details
Are you interested in treatment of any kind? or have you attended any treatment? ☐Yes ☐ No	**If yes, please give details** *(Where, When)* Enter Details
Have you ever been to see a psychiatrist/Psychologist? ☐Yes ☐ No	**Name of Specialist:** Name of Doctor Address: Specialist Address Phone: Specialist Phone Number
Are you receiving ongoing care? ☐Yes ☐No	**Mental Health Diagnosis:** Enter Details
Do you have a history of violence or criminal charges? ☐Yes ☐No	**Details:** Enter Details

PREVIOUS ACCOMMODATIONS		
☐Correctional Facility	☐Emergency Shelter *(Oxford County)* ☐Emergency Shelter *(Out of County)*	☐Residential Care Facility
☐Hospital *(Medical & Psychiatric)*	☐Rooming Housing	☐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: **Details**	☐Indwell	☐Subsidized Housing

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LIFESTYLE	
Are you currently working? ☐Yes☐ No **If so, where do you work?** Company's Name	**How many hours do you work in a week?** # Hrs Wkly. **What are your hours?** Scheduled Hours
Do you have a support network? Who? *(Family, Friends, Community Resources)*	Details
Do you have any hobbies? *(Please list)*	Details

HOUSING HISTORY	
Where were you living prior to your current living arrangement? (Please include address)	Address & Details
What caused you to leave your previous address?	Details for Leaving
How long have you been homeless?	Day/Months or Years
When was the last time you had an apartment or room rental in your name?	Month and Year
Please list the barriers to permanent housing that you have encountered.	Details
Are you accessing The Inn? ☐Yes ☐ No	**Are you Accessing Operation Sharing Day Space?** ☐Yes ☐ No

TRANSITIONAL LIVING PROGRAM REQUIREMENTS		
What skills do you need or want to develop? *Please check off as many that are applicable to you.* *These are part of the programs offered through life skills (Please see Guest Guidelines for more details)*		
☐Budgeting	☐Relationship/Life Skills	☐Parenting
☐Education/Training	☐Anger Management	☐Self-Esteem
Are you capable of the tasks of independent daily living? *(Completing life skill requirements day-to-day without the assistance of others)*		
☐Cooking	☐Cleaning *(daily/ room clean/ weekly assigned chore)*	☐Grocery Shopping/Food Sourcing
☐Personal Hygiene *(Showering/bathing)*	☐Mobility (stairs)	☐Problem solving/ Conflict Resolution *(Working with those who you live with through difficult situations)*
☐Taking medication daily/ As needed	☐Booking/ Attending appointments	☐Laundry
If no, why? Enter Details		

Are you willing to sign the guest guidelines/participation agreement with the OCCHC?

Please review the Guest Guidelines before answering this question

If checking Yes, please send attached signed copy of Guest Guidelines with this Application

(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's Name: Full Name	**Comments:** Additional Comments
Contact Information: Phone Number & Email	

I certify that all the information I have provided in this application is true to the best of my knowledge (I am an Oxford County Resident and 18+ years of age) and that if I knowingly falsify information in this application, I may be denied admission to the program or discharged from it.

Applicant Signature: Full Name

Date: Click or tap to enter a date.