BRUCE HOUSE

Bruce House, 251 Bank Street Suite #402, Ottawa ON, K2P 1X3 (613)729-0911 Fax (613) 729-0959

Application Form

Name:_____

Date of Birth:_____

Male ☐ Female ☐ Transgender ☐

Language(s) Spoken:

OR I define my gender as:

_____ _____ _____

Address:_____

May we send confidential mail to this address: Yes ☐ No ☐

If not, please provide an alternative safe mailing address:

Phone:_____

May we leave confidential messages at this number? Yes ☐ No ☐

Email: _____

May we send confidential messages to this address? Yes ☐ No ☐

Are you a newcomer to Canada? Yes ☐ No ☐

If yes, what is your current immigration status?

_____

Referral Information

Referral Date:_____

Source of Referral:_____

Contact Person:_____ Phone:_____ Fax:_____

May we leave a message with this contact? Yes ☐ No ☐

Service Requested

Bachelor Apartment ☐

One Bedroom Apartment ☐

Three Bedroom Unit ☐

Two-Bedroom Apartment ☐

Transition House ☐

REST Program ☐

Accessibility Information

Do you or any member of your household have special housing needs due to serious health issues or disabilities?

Yes ☐ No ☐

Notes: _____

Emergency Contact(s)

Name:_____ Relationship:_____
Address:_____
Phone: Home:_____ Work:_____

Name:_____ Relationship:_____
Address:_____
Phone: Home:_____ Work:_____

Physician(s)

Name:_____ Phone:_____
Address:_____

Name:_____ Phone:_____
Address:_____

Social Worker or other Professional(s)

Name:_____
Agency:_____ Phone:_____
Address:_____

Name:_____
Agency:_____ Phone:_____
Address:_____

Source of Income

Ontario Works ☐ ODSP ☐ Private Insurance ☐ Employment ☐

OW/OSDP Member ID #:
Other ☐ _____

ODSP/OW Case Worker Contact Information:

Name:_____
Phone:_____
Email: _____

Please list amount earned from each source of income:

_____
_____

Household Composition

Are you the custodial parent of any children under the age of 18? Yes ☐ No ☐

If yes, please list their name(s) and date(s) of birth:

_____

_____

_____

_____

Do you have a partner who is currently living with you or plans to live with you should you be offered housing with Bruce House?

Yes ☐ No ☐

If yes, please list their name and date of birth: _____

Is there anyone else who is currently living with you or is planning to live with you should you be offered housing with Bruce House who is **not** your partner or **not** your child under the age 18?

Yes ☐ No ☐

If yes, please list their name(s) and date(s) of birth?

_____

_____

_____

History in Social Housing:

Are you currently a tenant of a Social Housing Provider? Yes ☐ No ☐

If yes, list the name of the housing provider: _____

Have you ever been a tenant of a Social Housing Provider in the past? Yes ☐ No ☐

If yes, list the name of the housing provider: _____

Have you ever been evicted from a Social Housing Provider? Yes ☐ No ☐

If yes, list the name of the housing provider: _____

Current Housing Situation:

Significant Health Issues (including both Mental and Physical Health Issues):

Year of HIV Diagnoses: _____

Last Viral Load: _____

Last CD4 (T-Cell) Count: _____

Hepatitis Diagnoses:

Hep A: ☐ Hep B: ☐ Hep C: ☐ Non- A/B: ☐ No Diagnoses for Hepatitis : ☐

Year of Diagnoses for Hepatitis if applicable: _____

Notes:

Are you currently using alcohol or any other substances?
(list levels of usage & programs involved if applicable):

Other Health Issues (please include year of diagnoses if known):

Social Network/Support System:

Additional Comments or Information from Interview:

OHIP Number:_____ Quebec Health Plan Number:_____
Para Transpo Account Number:_____
Extended Health Care ☐ Yes ☐ No
If yes, Carrier:_____
Group Number:_____

Completed By: _____
Title: _____
Agency: _____
Address: _____
Phone: _____ Date: _____