

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 <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Language(s) Spoken: _____	OR I define my gender as:		

Address: _____			
May we send confidential mail to this address:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, please provide an alternative safe mailing address:			
Phone: _____			
May we leave confidential messages at this number?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email: _____			
May we send confidential messages to this address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a newcomer to Canada?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	

Service Requested

Bachelor Apartment	<input type="checkbox"/>	Two-Bedroom Apartment	<input type="checkbox"/>
One Bedroom Apartment	<input type="checkbox"/>	Transition House	<input type="checkbox"/>
Three Bedroom Unit	<input type="checkbox"/>	REST Program	<input type="checkbox"/>

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

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

Source of Income

Ontario Works <input type="checkbox"/>	ODSP <input type="checkbox"/>	Private Insurance <input type="checkbox"/>	Employment <input type="checkbox"/>
OW/OSDP Member	Other <input type="checkbox"/> _____		
ID #:			
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: _____
Extended Health Care Yes Para Transpo Account Number: _____
If yes, Carrier: _____
Group Number: _____

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