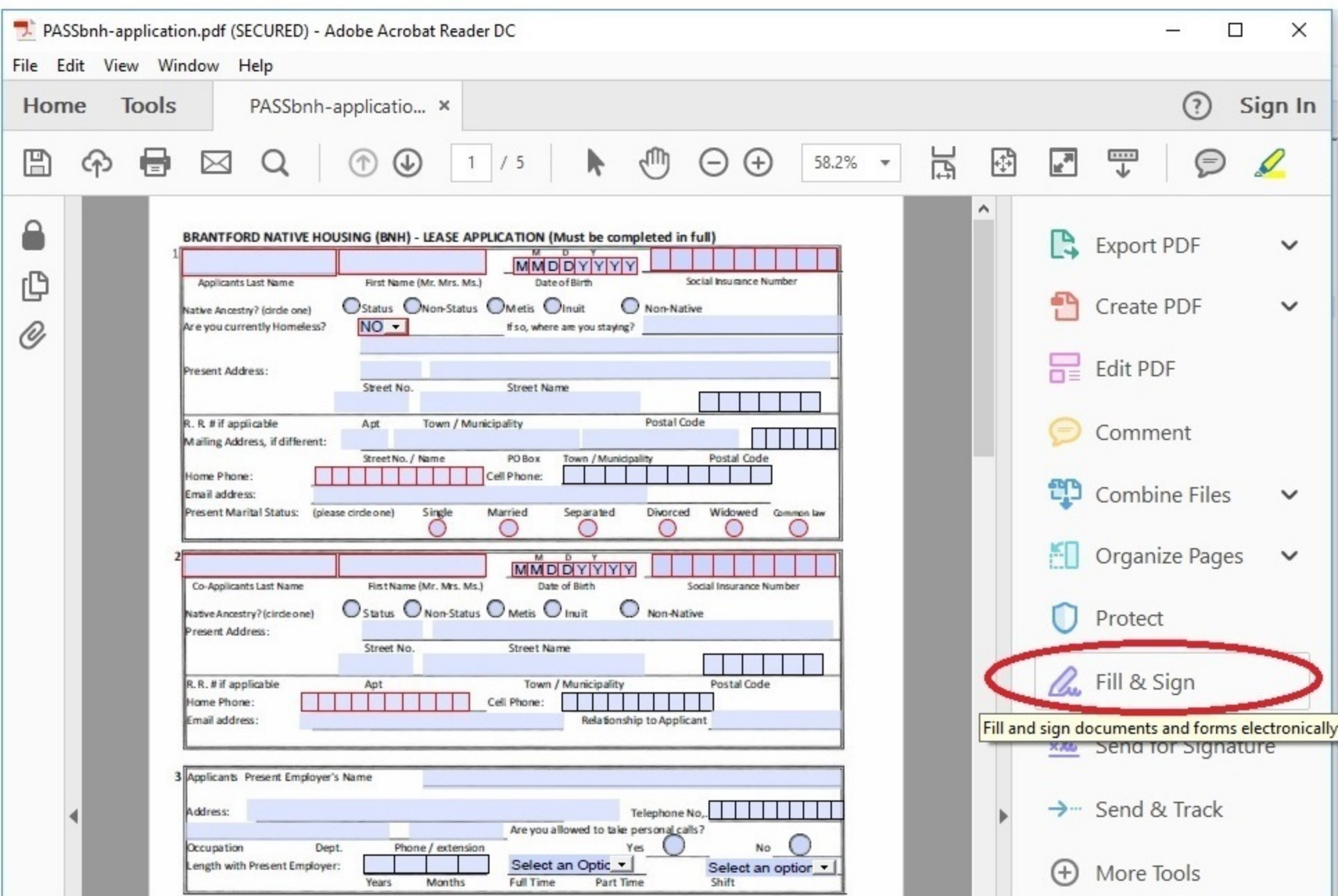


Instructions for filling and signing BNH and Transitional House Applications

Ensure that you have Adobe Acrobat downloaded and installed on your computer before continuing with these instructions.

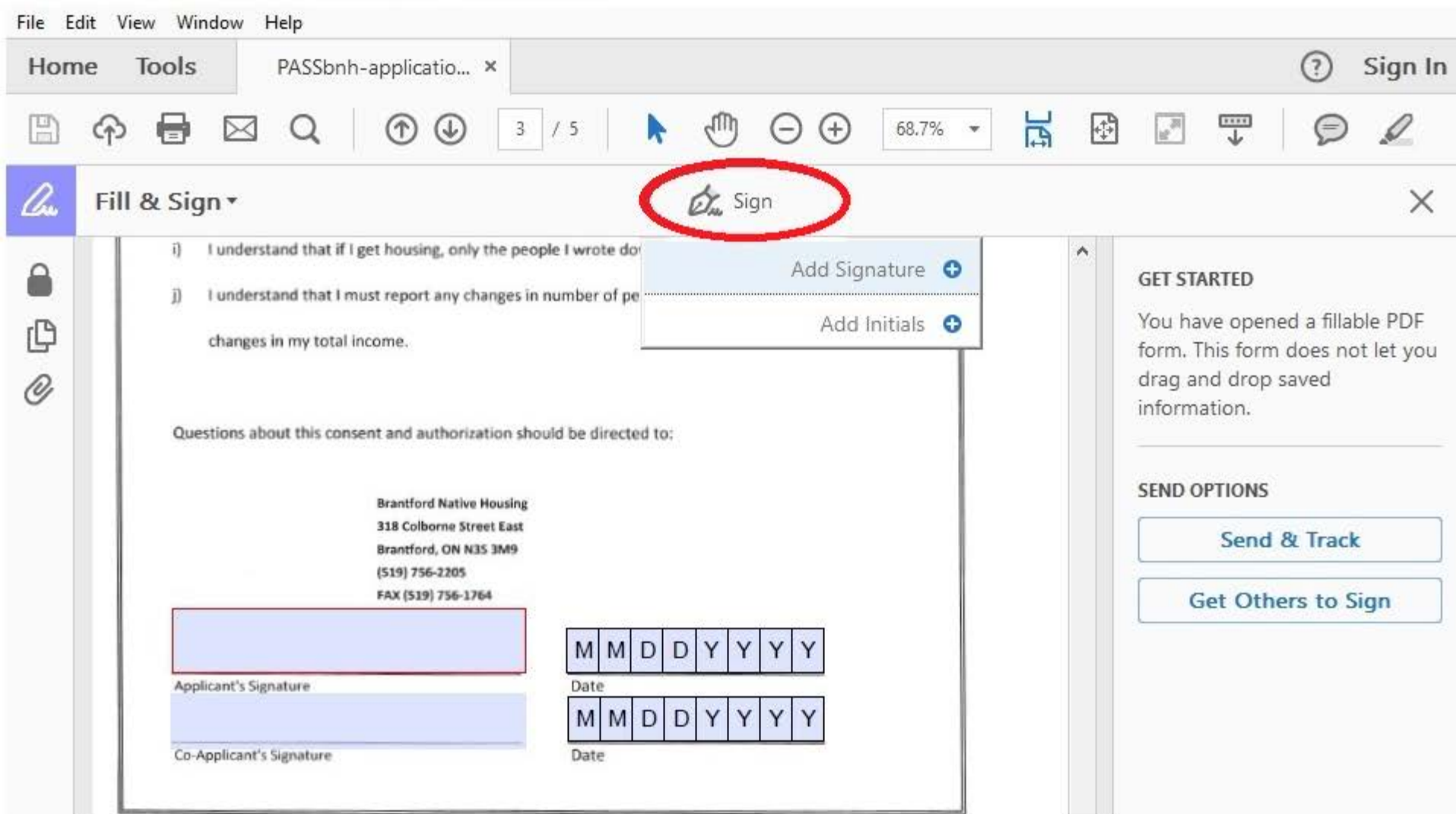
1. Download and open your selected housing application from www.brantfordnativehousing.com/housing-programs.htm in Adobe Acrobat.
2. Once you have opened the application with Adobe Acrobat Reader you will need to select the "Fill and sign" option on the right hand menu. See image below.



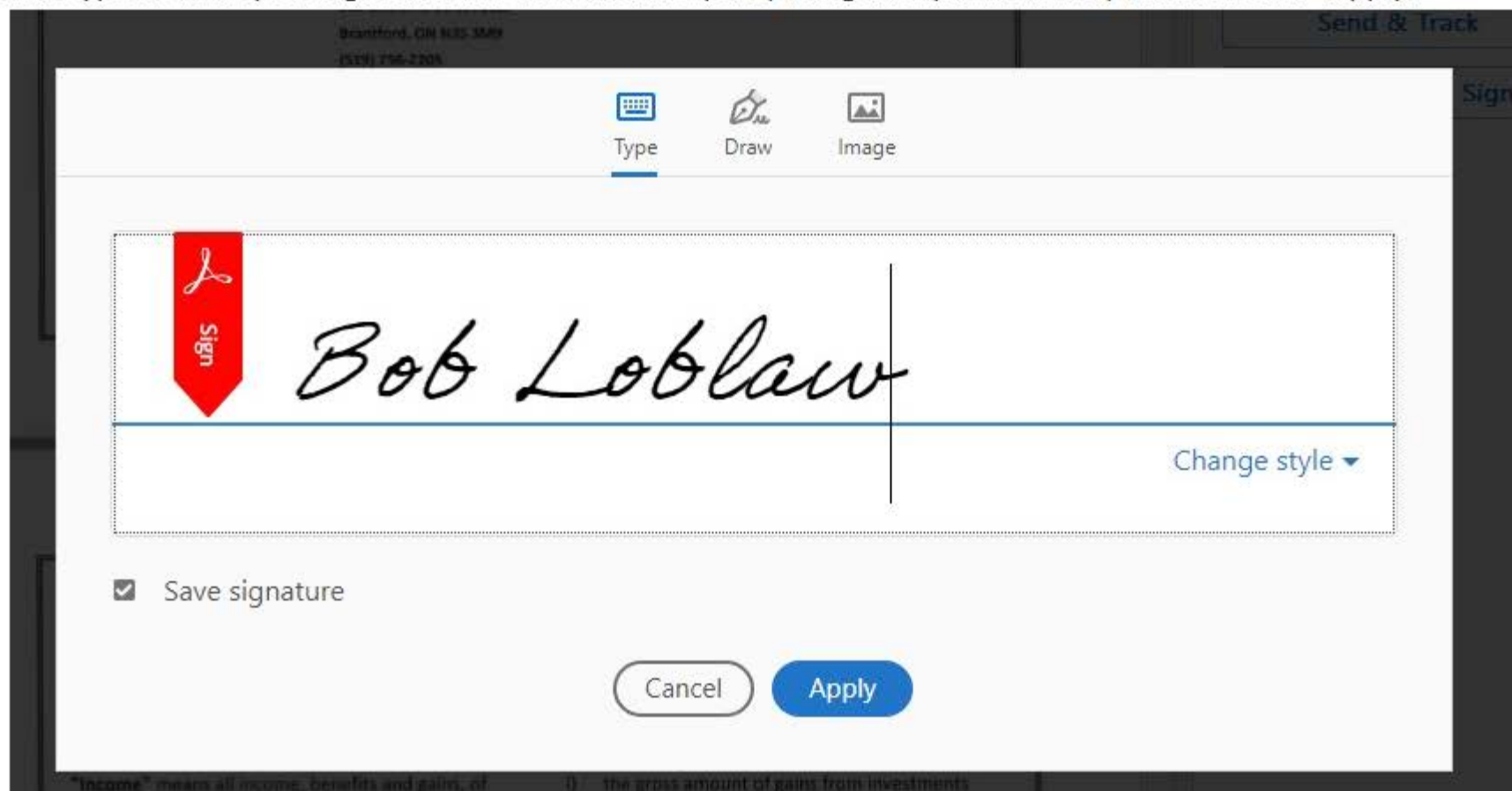
3. Once you have done this you will be able to begin filling out the form with the text fields, drop-down menus and other controls which are embedded in the application.

****Note that you must sign completed forms where indicated****

4. To sign your application you will click the "Sign" button located directly above the PDF application, and then select "Add Signature" from the options displayed. See image below.



5. Then type or draw your signature into the box that opens, using the options below, and then click "Apply."



6. You will then drag your signature over the required field and left-click to stamp it into place.

g) I have read and understand the meanings of "income" and "gross household income" as Per Appendix A (attached).

h) The information I have given on this application for housing is true and correct to the best of my knowledge.

i) I understand that if I get housing, only the people I wrote down on this form can live with me.

j) I understand that I must report any changes in number of people who live with me, AND of any changes in my total income.

Questions about this consent and authorization should be directed to:

Brantford Native Housing
318 Colborne Street East
Brantford, ON N3S 3M9
(519) 756-2205
FAX (519) 756-1764

Bob Loblaw

Applicant's Signature

Co-Applicant's Signature

M M D D Y Y Y Y

Date

Applicant's Signature Date

M M D D Y Y Y Y

Date

form. This form does not let you drag and drop saved information.

SEND OPTIONS

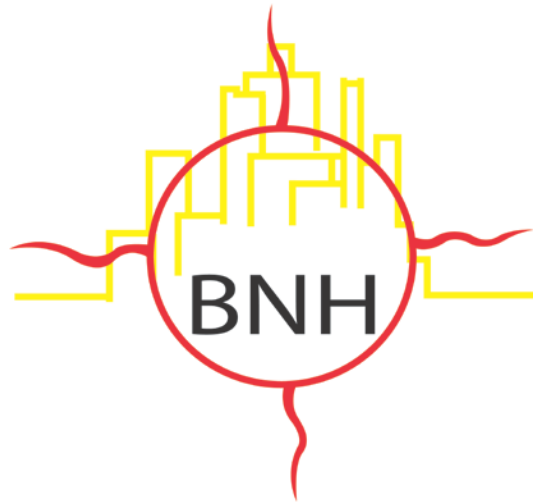
[Send & Track](#)

[Get Others to Sign](#)

7. Repeat the steps for adding your signature for any additional signatures that are required (co-applicant's, etc.,)

Always remember to save your work as you progress through the application, to save you time in case of unexpected interruptions.

Brantford Native Housing Transitional Housing Program



Application Package

Ojistoh House or Karahkwa House

**318 Colborne Street
Brantford, ON
N3S 3M9
(519) 753-5408 x 235 – T
(519) 756-1764 – F**

Brantford Native Housing Transitional Housing Program Application Process

Background

The Transitional Housing Programs are offered through Brantford Native Housing. This program is offered to adult (16+) Aboriginal men (Karahkwa House) and adult (16+) Aboriginal women (Ojistoh House) who are experiencing homelessness or at-risk of homelessness. Residents can stay in the Transitional Housing Program for up to one (1) year and receive up to two (2) years of supports while residing in the community.

Residents will be expected to maintain abstinence from all alcohol and recreational (mood altering) drugs while residing in the Transitional Housing Program and participate in programming.

Application Process

We require all incoming applications to be completed by a community service agency to ensure that individual's applying understand that Transitional Housing is not a shelter and is not intended to provide emergency housing in any way. Self referrals are also accepted if references (agencies you are/have worked with) are provided. Completed applications can be faxed to:

Housing Outreach Worker – 519-756-1764

Once we receive the completed application forms, a Brantford Native Housing staff person will contact the Applicant within one (1) week to schedule an intake interview to assist in determining eligibility and obtain any additional necessary information for review of the application.

Eligibility Criteria

1. At least 50% of the family (female Applicants bringing children) must be of Aboriginal ancestry. Male Applicants must be of Aboriginal ancestry;
2. Applicant must be in need of housing due to homelessness or at-risk of homelessness (i.e., living in a shelter, temporarily staying with family or friends, etc.);
3. The Applicant must be 16 years of age or older;
4. The Applicant must be eligible for Ontario Works, ODSP or other income programs, if not working or attending school or a training course;
5. Committed to paying service fees;
6. Committed to connecting with community resources and moving toward an independent and healthy lifestyle; and
7. Applicants must agree to sign our Consent to Obtain Information form with the referring community service agency and other service providers the Applicant is working with.

Transitional Housing Program Application Form

Ojistoh House (Female)

Karahkwa House (Male)

1.0 APPLICANT INFORMATION:

APPLICANT NAME: _____

Date of Birth: _____

Aboriginal Ancestry: First Nations – Status Métis
 First Nations – Non-status Inuit

Applicant Band and Number: _____

Applicant Address: _____

Telephone/Fax: _____

Email: _____

2.0 APPLICANT DEPENDENTS:

1. Name: _____ Gender: _____ Age: _____

Aboriginal Ancestry: _____ DOB: _____

2. Name: _____ Gender: _____ Age: _____

Aboriginal Ancestry: _____ DOB: _____

3. Name: _____ Gender: _____ Age: _____

Aboriginal Ancestry: _____ DOB: _____

4. Name: _____ Gender: _____ Age: _____

Aboriginal Ancestry: _____ DOB: _____

5. Name: _____ Gender: _____ Age: _____

Aboriginal Ancestry: _____ DOB: _____

3.0 APPLICANT INCOME:

- 1. What is the Applicant's last source of income? _____
- 2. Does the Applicant receive child support payments? _____
- 3. Does the Applicant understand that she/he is required to pay service fees (shelter portion of OW or ODSP or 25% of income {OH} or \$350 minimum {KH}) to stay in the Transitional Housing Program? Yes No

4.0 REFERRING AGENCY INFORMATION:

Name of Agency: _____

Name/Position: _____

Address: _____

Telephone/Fax/Email: _____

5.0 APPLICANT INFORMATION:

- 1. How long has the Applicant been homeless? _____
- 2. Is the Applicant able to complete daily living chores? _____
- 3. Does the Applicant have any disabilities? _____
- 3. Does the Applicant have any children that are not in their care and will not be staying with the Applicant? Yes No
- 4. Where is the Applicant presently living?
 Shelter Family/friends Hotel/Motel Other _____
- 5. Are there any safety issues/concerns regarding current or past intimate relationships?
 Yes No

If yes, please explain:

- Restraining order Peace bonds Custody orders CAS conditions
- Other _____

6. Is the Applicant on Probation or Parole? Yes No

If yes, who is the Probation/Parole Officer? _____

Contact info: _____

7. What other agencies/service providers is the Applicant currently working with?

- Ontario Works CAS Probation & Parole Mental Health Supports
 Counselling Legal Services Public Health Services Training Program
 Employment Services Other, please explain
-

8. What wellness steps has the Applicant taken recently?

- Support System Therapy/Counselling AA
 NA Anger Management Group Therapy
 Cultural Activities Other _____
-

9. Is the Applicant on the Methadone program? Yes No

If yes, where does the Applicant access the meds and who manages their participation?

10. What goals does the Applicant want to work on?

11. Who does the Applicant include as support during crisis?

Name: Relationship Contact Information:

12. Emergency Contact Persons:

Name:	Relationship:	Contact Information:
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.0 APPLICANT EDUCATION:

Some High School High School Grad GED Some College

College Grad Some University University Grad Technical/trade certified

Training _____

7.0 APPLICANT WORK HISTORY:

Is the Applicant currently employed? Yes No

Employer: _____

Address: _____

Telephone/Fax: _____

Position: _____

Work hours: _____ Salary/Wage per hour _____

Does the Applicant have an up-to-date resume? Yes No

Does the Applicant want to work? Yes No

8.0 HEALTH INFORMATION:

1. When did the Applicant last see a Doctor? _____

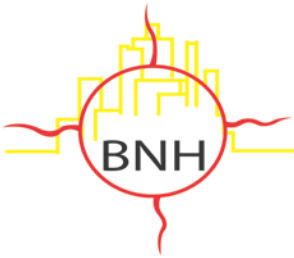
Doctor: _____ Phone #: _____

Address: _____

2. Does the Applicant have any life threatening allergies? Food Environment Medicine

If yes, please explain: _____

3. Does the Applicant carry an EpiPen for allergies? Yes No



Brantford Native Housing Consent to Obtain and Disclose Information

What is “Personal Information”?

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, social status, income, assets, residency status, Aboriginal ancestry, rent payment record, etc;
- opinions, comments, evaluations and observations.

Collection and Use of Your Personal Information

Brantford Native Housing staff will collect, retain and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for residential eligibility;
- verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for residency;
- calculating your rent and the collection of your rent;
- meeting legal and regulatory requirements arising out of or relating to your residency;
- for the use of Brantford Native Housing’s auditor to verify our financial records;
- for the purpose of contacting necessary services on your next-of-kin in case of emergency;
- for the purpose of cooperative effort in service provision and case management;
- for the purpose of making repairs or renovations to the residential unit.

Brantford Native Housing will disclose the personal information provided by you in this form to the following parties for the purposes as outlined above:

- to any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Social Housing Reform Act*, or Brantford Native Housing’s housing portfolio operating agreement;
- to the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)*, the *Immigration Act*, the *Health Protection and Promotion Act* and the *Child and Family Services Act*;
- to any agent working on behalf of Brantford Native Housing for the purpose of complying with the *Social Housing Reform Act*;

- to any agent/contractor working on behalf of Brantford Native Housing to make repairs or improvements to the facility or unit;
- to relevant agencies or next of kin in case of emergency;
- to relevant agencies to assist in the cooperative effort and delivery of services, and inclusive of the *Mental Health Act*;
- to credit bureaus, other business or individuals that provide credit or rental history information about you;
- to the City of Brantford – Housing Department for any damage or rental arrears left after vacating the residential unit and to Financial Institutions for the collection of rent;

Chel Niro, Manager of Brantford Native Housing, located at 318 Colborne Street, Brantford, Ontario, N3S 3M9, 519-756-2205, ext 225 can answer questions and respond to complaints about the collection, use or disclosure of the information.

Consent

I authorize and agree that Brantford Native Housing may collect, use and disclose the personal information that I have provided in this form and its attachments as described above as well as dispose of personal information. I understand and acknowledge that, in addition to the foregoing, Brantford Native Housing, will also collect and use and disclose my personal information as required for the purposes and intentions of meeting legal obligations and in the performance of duties as/or permitted by law.

Applicant Signature

Date

Referring Agency Signature

Date