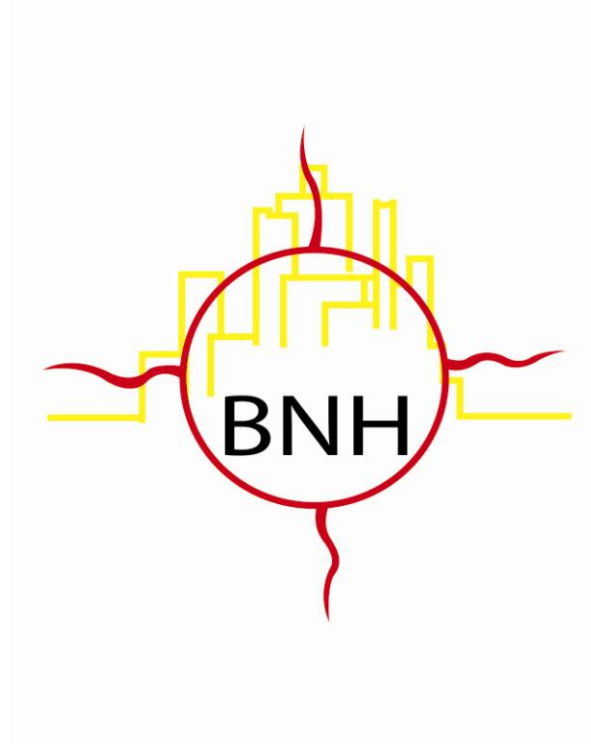


# Brantford Native Housing Transitional Housing Program



## Referral Package

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### **Ojistoh House or Karahkwa House**

318 Colborne Street East

Brantford, ON

N3S 3M9

(519) 756-2205 x 235 or x 226 – T

(519) 756-1764 – F

# **Brantford Native Housing Transitional Housing Program Referral Process**

## **Background**

The Transitional Housing Programs are offered through Brantford Native Housing. This program is offered to Indigenous men (Karahkwa House) and women (Ojistoh House) (16 +) 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.

## **Referral Process**

We require all incoming referrals 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 referrals can be faxed to:

**Attn: Housing Outreach Worker – 519-756-1764**

Once we receive the completed referral 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 Indigenous ancestry. Male Applicants must be of Indigenous 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 Referral Form

**Ojistoh House (Female)**

**Karahkwa House (Male)**

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## 1.0 APPLICANT INFORMATION:

**APPLICANT NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Indigenous 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: \_\_\_\_\_

Indigenous Ancestry: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Indigenous Ancestry: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Indigenous Ancestry: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Indigenous Ancestry: \_\_\_\_\_ DOB: \_\_\_\_\_

5. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Indigenous 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) 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? \_\_\_\_\_
4. Does the Applicant have any children that are not in their care and will not be staying with the Applicant?     Yes     No
5. Where is the Applicant presently living?  
 Shelter     Family/friends     Hotel/Motel     Other \_\_\_\_\_
6. Are there any safety issues/concerns regarding current or past intimate relationships?  
 Yes     No
7. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
 Restraining order     Peace bonds     Custody orders     CAS conditions  
 Other \_\_\_\_\_
8. Is the Applicant on Probation or Parole?     Yes     No  
If yes, who is the Probation/Parole Officer? \_\_\_\_\_  
Contact info: \_\_\_\_\_

9. 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
- 

10. What wellness steps has the Applicant taken recently?

- Support System                       Therapy/Counselling                       AA
  - NA     Anger Management                       Group Therapy
  - Cultural Activities    Other \_\_\_\_\_
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11. Is the Applicant on the Methadone program?       Yes       No

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

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

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

Name:    Relationship    Contact Information:

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14. Emergency Contact Persons:

Name:    Relationship:    Contact Information:

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**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

4. Is the Applicant currently in any type of treatment or counselling for emotional or mental health problems?    No    Yes, where? \_\_\_\_\_

5. Please add any additional information that will assist our understanding of the Applicant's needs.

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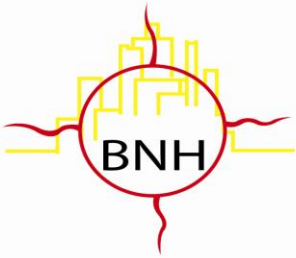
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## Brantford Native Housing Consent to Obtain and Disclose Information

### 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, Indigenous 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;

Andy Joseph, Executive Director of Brantford Native Housing, located at 318 Colborne Street, Brantford, Ontario, N3S 3M9, 519-756-2205 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.

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Applicant Signature

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Date

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Referring Agency Signature

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Date