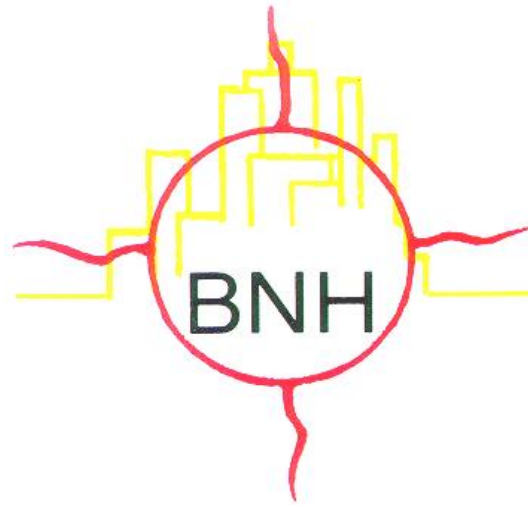


Brantford Native Housing Transitional Housing Program



Application Package

**318 Colborne Street East
Brantford, ON
N3S 3M9
Phone: (519) 756-2205 x 227 or x 224
Fax: (519) 756-1764**

Transitional Housing Program Application Information

APPLICATION INFORMATION

A. Background

Brantford Native Housing operates multiple transitional housing facilities. The many different housing facilities are geared to various Indigenous households. Our transitional housing program is offered to the following Indigenous households who are experiencing homelessness or are at-risk of homelessness:

1. Single males aged 18+
2. Single females aged 18+
3. Families

Clients eligible for Brantford Native Housing's transitional housing programming are only permitted to stay in the transitional facilities for a duration of up to 12 months (1 year).

Please note, BNH's transitional housing program is not a shelter and is not intended to provide emergency housing in any way. Residents will be expected to participate in programming to support household development and wellbeing. Further, it is a requirement of the transitional housing program to maintain abstinence from all alcohol and recreational (mood altering) drugs while residing in BNH's housing facilities.

Completed Applications can be submitted to: **Attn: Housing Outreach Worker**

Mail or Drop Box – 318 Colborne St E, Brantford ON, N3S 3M9
Faxed – 519-756-1764

Once we receive and review completed prospective client application forms, one of Brantford Native Housing's staff will reach out and connect with the applicant and schedule an intake interview.

B. Program Requirements

1. a) Females aged 18+, at least 50% of the family (female applicants bringing children) must be of Indigenous ancestry.
b) Men aged 18+, applicants must be of Indigenous ancestry.
c) Families – At least 50% of the family 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. Applicant must be 18 years of age or older.
4. Applicant must be eligible for Ontario Works, ODSP or other income programs, if not working or attending school or a training course.
5. Applicant must be committed to paying service fees;
6. Applicant must be committed to connecting with community resources and moving toward an independent and healthy lifestyle.
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.

C. Application Checklist

The following checklist must be completed with your application form. Applicants are required to check and provide certification proof relative to the following listed items as part of their application submission to be considered eligible for BNH's transitional housing program.

General

- Applicant is of at least 18 years of age and currently in need of housing due to homelessness or at-risk of homelessness.
- Applicant is currently eligible for Ontario Works, ODSP or other income programs and if not, applicants must be working or attending school or a training course.
- Once housed, applicants are committed to paying the mandated and agreed upon service fees.
- Applicant understands that they are required to maintain sobriety and abstain from any alcohol or recreational (mood altering) drugs for the duration of their stay in BNH's transitional housing program.
- The Applicant(s) must provide two (2) identification proofs. Ex. Driver's license, Native Status Card, band letter, passport, birth certificate.
- The applicant(s) must provide proof of indigenous Ancestry.
- Family Applicant's who are applying for housing and have children must provide some proof of child custody (for all children under the age of 18).
- The Applicant must complete this entire Application Form including the Consent to Obtain and Disclose information section of the Application Form.

Documents

- 2 Pieces of Identification Proof. Example: Driver's License, Passport, Native Status card, etc.
- Proof of Indigenous ancestry.
- Proof of Child Custody (if applicable)

**Transitional Housing Program
Application Form**

Transitional Housing Facility Descriptions:

Karahkwa House is geared to supporting Indigenous men and sexually diverse populations recover from alcohol or drug use and who want to learn to maintain their sobriety.

Ehnita House is geared to supporting Indigenous women and sexually diverse populations between the ages of 18-24.

Ojistoh House is geared to supporting Indigenous women and sexual diverse populations over the age of 25 with or without children. Ojistoh house operates through two streams;

1. The Healing Journey Stream – clients can stay for up to 1 year while focusing on their own healing goals.
2. Home Search Stream – clients can stay for up to 6 weeks while focusing on finding their own housing/living in the community.

Odehaot House is geared to supporting families with children to stay for up to 1 year while focusing on finding affordable housing in the community.

Please select the following transitional housing facility that you wish to apply for:

- Ojistoh House Ehnita House Karahkwa House Odehaot House
-

1.0 REFERRING AGENCY INFORMATION:

Name of Agency: _____ Name: _____

Position: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

4. Name: _____ Gender: _____ Age: _____
Indigenous Ancestry: _____ DOB: _____

5. Name: _____ Gender: _____ Age: _____
Indigenous Ancestry: _____ DOB: _____

APPLICANT EDUCATION:

Please select all completed or in process.

- Primary School Some High School High School Grad GED
- Some College College Grad Some University
- University Grad Technical/trade certified Training

CO-APPLICANT EDUCATION (if applicable):

- Some High School High School Grad GED
- Some College College Grad Some University
- University Grad Technical/trade certified Training

APPLICANT WORK HISTORY:

Is the Applicant currently employed? Yes No

If Yes, please fill in the information below:

Employer: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Position: _____ Weekly Work Hours: _____

Please describe any other sources of income (if any):

Does the Co-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

CO-APPLICANT WORK HISTORY:

Is the Applicant currently employed? Yes No

If Yes, please fill in the information below:

Employer: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Position: _____ Weekly Work Hours: _____

Please describe any other sources of income (if any):

Does the Co-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

APPLICANT(S) QUESTIONNAIRE:

1. Is the Applicant(s) currently experiencing homelessness? (Yes/No) _____
2. If No, is the Applicant(s) at risk of homelessness? (Yes/No) _____
3. If Yes, How long has the Applicant(s) been homeless? _____
4. Are any Applicant(s) able to complete daily living chores? _____
5. Do any Applicant(s) have any disabilities? _____
6. What best describes the Applicant (s) current living situation? _____

- | | | | |
|-----------------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Outside/squatting |
| <input type="checkbox"/> Couchsurfing | <input type="checkbox"/> Encampments | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Eviction from Home | <input type="checkbox"/> Transitional Program | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> At Risk of Loosing Housing | <input type="checkbox"/> Other _____ | | |

7. Are there any safety issues/concerns regarding current or past intimate relationships?

Yes No

If yes, is there:

Restraining Order

Peace bonds

Custody orders

CAS conditions

Other

Please explain:

8. Is the Applicant or Co-Applicant on Probation or Parole? Yes No

If yes, who? _____

Who is the Probation/Parole Officer? _____

Contact Number: _____

9. What other agencies/service providers is the Applicant currently working with? Please explain if any of the following are selected.

Ontario Works

CAS

Probation & Parole

Mental Health Supports

Counselling/Therapy

Legal Services

Public Health Services

Training Program

Employment Services

Behaviour Management

Cultural Programs

Drug and or Addiction or Substitution programs

Other, to any of the above

10. What goals does the Applicant want to work on while housed with BNH?

3.0 CLIENT EMERGENCY & HEALTH INFORMATION:

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

Name

Relationship

Contact Information

12. Applicant(s) Emergency Contact Persons:

Name: _____ Relationship: _____

Contact Information: _____

13. When did the Applicant(s) last see a Doctor? _____

Doctor: _____ Phone #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

14. Does the Applicant(s) have any life threatening allergies? Food Environment Medicine
If yes, please explain: _____

15. Does the Applicant carry an Epi-pen for allergies Yes No

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



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 *Residential Tenancies 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 *Residential Tenancies 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;

The 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.

Applicant Signature

Date

Co-Applicant Signature

Date

Referring Agency Signature

Date