



Referral Form for Transitional Housing Program

(Revised: May 2025)

This form is for all adults 18 or older who wish to access the Transitional Housing Program through Brantford Native Housing. This includes individuals who have dependents and are accessing services with their family. The information collected in this application is used to determine eligibility for the Transitional Housing Program. If you are considered eligible for the program you will be invited to complete an application with our intake team to further assess program suitability. If you are not considered eligible at this time, you'll be contacted by one of our intake team members with a rationale, and recommendations of other community service agencies who may be better positioned to assist you at this time.

Please note, if you are seeking long term affordable housing, please contact transitional@brantfordnativehousing.com

Housing Selection

Please select the housing facility you wish to apply for:

- ☐ **Karahkwa House:** supports Indigenous men and sexually diverse populations recover from alcohol and or drug use and who want to learn to maintain their sobriety.
- ☐ **Ehnita House:** supports Indigenous women and sexually diverse populations between the ages of 18-24.
- ☐ **Ojistoh House:** supports Indigenous women and sexually diverse populations over the age of 25 with or without children.
- ☐ **Odehaot House:** supports families and children with a focus on finding affordable housing in the community.

Personal Information

First Name: _____ **Last Name:** _____

Date of Birth (mm/dd/yyyy): _____ **Sex at Birth:** ☐ Male ☐ Female ☐ Intersex

Gender Identity: ☐ Male ☐ Female ☐ Two-Spirit ☐ Non-binary ☐ Prefer to not disclose

Are you currently pregnant: ☐ Yes ☐ No **if yes, due date:** _____

Are you currently employed: ☐ Yes ☐ No



Additional Sources of Income: Please Identify your current sources of income. Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Canada Pension Plan (CPP) | <input type="checkbox"/> Old Age Security |
| <input type="checkbox"/> Canada Pension Plan Disability (CPP-D) | <input type="checkbox"/> Ontario Disability Support Program (ODSP) |
| <input type="checkbox"/> Survivor Benefits | <input type="checkbox"/> Ontario Trillium Benefit (OTB) |
| <input type="checkbox"/> Canada Pension Plan Disability Benefits | <input type="checkbox"/> Ontario Works (OW) |
| <input type="checkbox"/> Child Tax Benefits | <input type="checkbox"/> Other Income |
| <input type="checkbox"/> Disability Benefits | <input type="checkbox"/> Veterans Affairs Benefit/Pension |
| <input type="checkbox"/> Employment Benefits / Insurance (EI) | <input type="checkbox"/> Workers' Compensation Benefits |
| <input type="checkbox"/> Guaranteed Income Supplement | |
| <input type="checkbox"/> Long Term Disability (private) | |

Eligibility Screener

1. **Is applicant at least 18 years of age** ☐ Yes ☐ No
2. **Is the applicant of indigenous ancestry** ☐ Yes ☐ No
 - a. Are their dependents at least of 50% Indigenous ancestry ☐ Yes ☐ No
(proof documentation must be provided).
3. **Indigenous Ancestry:** _____
4. **Is the applicant in need of housing due to homelessness or at-risk of homelessness (i.e., living in a shelter, temporarily staying with family of friends, etc.).** ☐ Yes ☐ No
5. **Is applicant aware they must pay 25% of their income toward program fees?**
☐ Yes ☐ No
6. **Is the applicant aware they must engage in goal driven programming** ☐ Yes ☐ No
7. **Is the applicant able to refrain from legal and illicit drugs while in program** ☐ Yes ☐ No
8. **How did you hear about this program:**
 - ☐ Referred by another agency.
 - ☐ Name of agency: _____
 - ☐ Had contact with the outreach team of Brantford Native Housing
 - ☐ Heard about you from people in the community
 - ☐ Found you online
 - ☐ Another resident told me about this program
 - ☐ Other: _____



Housing Status

9. What best describes your current housing situation? Check ONE only.

- ☐ Homeless – staying at one of the following:
- | | |
|--|--|
| <input type="checkbox"/> Couch Surfing | <input type="checkbox"/> Unsheltered (staying outside or in emergency shelters in Brantford) |
| <input type="checkbox"/> Emergency Shelter | |
| <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Domestic Violence / Violence Against Women (VAW) Shelter |
- ☐ Transitionally Housed or Staying in a Public Institution – staying at one of the following:
- | | |
|--|--|
| <input type="checkbox"/> Federal Correctional Facility / Jail | <input type="checkbox"/> Psychiatric Hospital |
| <input type="checkbox"/> Provincial Correctional Facility / Jail | <input type="checkbox"/> Recovery / Treatment Facility |
| <input type="checkbox"/> Medical Hospital | <input type="checkbox"/> Withdrawal Management Program |
- ☐ Housed – staying at one of the following:
- | | |
|---|---|
| <input type="checkbox"/> Own Home | <input type="checkbox"/> Residential Care Facility |
| <input type="checkbox"/> Family Member's Home / Apartment | <input type="checkbox"/> Single Room in Shared House / Unit |
| <input type="checkbox"/> Lodging House | <input type="checkbox"/> Social / Community / CO-OP Housing |
| <input type="checkbox"/> Rental (with subsidy) | <input type="checkbox"/> Supportive Housing Program |
| <input type="checkbox"/> Rental (without subsidy) | |

10. How long has the Applicant(s) been homeless or precariously housed?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 1 year |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 3-5 years |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> More than 5 years |

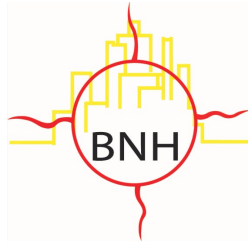
Health and Wellness Questions

11. Does the Applicant(s) have any disabilities?

- | | |
|---|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Mobility impairments |
| <input type="checkbox"/> Cognitive (concussion, mild to moderate TBI) | <input type="checkbox"/> Visual impairments |

12. Is the Applicant able to independently and consistently complete the following daily living skills:

- | | |
|---|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Follow CAS conditions |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Follow legal conditions (e.g. probation meetings) |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Utilize public or private transportation |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Advocate for personal and health needs |
| <input type="checkbox"/> House Keeping | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> Personal Hygiene | |



13. What wellness steps has the Applicant(s) taken recently?

- | | |
|---|--|
| <input type="checkbox"/> Support systems | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Therapy or counselling | <input type="checkbox"/> NA |
| <input type="checkbox"/> AA | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Group Therapy | |

14. What other agencies/service providers is the Applicant(s) currently working with?

- | | |
|---|---|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> ODSP | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> CAS | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Probation & Parole | <input type="checkbox"/> Training Program |
| <input type="checkbox"/> Mental Health Supports | <input type="checkbox"/> Cultural Centre |
| <input type="checkbox"/> Public Health Services | <input type="checkbox"/> Other, please explain: |

15. Does the Applicant currently struggle with the following challenges?

- | | |
|--|--|
| <input type="checkbox"/> Spousal Abuse/Personal Safety | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Mental Health/ Addictions: | <input type="checkbox"/> Substance misuse: |
| <input type="checkbox"/> Physical Health Concerns | <input type="checkbox"/> Social Isolation (leisure time) |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Hoarding Mgmt. |
| <input type="checkbox"/> Family Support/Issues | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education | |