

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. **Completed referral forms can be sent to transitional@brantfordnativehousing.com**

If the applicant is considered eligible for the program they will be invited to complete an application with our intake team to further assess program suitability. If the applicant is not considered eligible at this time, they will 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 them at this time.

Please note, if the applicant are seeking long term affordable housing, please contact mail@brantfordnativehousing.com this referral is for transitional short term affordable housing only.

Housing Selection

Please select the housing facility the applicant wishes to apply for:

- ☐ **Karahkwa House:** supports Indigenous men recovered from alcohol and or drug use and who want to continue to maintain their sobriety.
- ☐ **Ehnita House:** supports Indigenous women and sexually diverse populations between the ages of 18-24 (does not support children or pregnant women).
- ☐ **Ojistoh House:** supports Indigenous women and sexually diverse populations over the age of 25 with or without children (can support pregnant women).
- ☐ **Odehaot House:** supports families and children with a focus on finding affordable housing in the community.

Personal Information

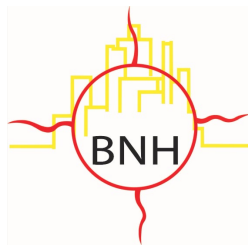
First Name: _____ **Last Name:** _____

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

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

Phone Number: _____ **Email:** _____

Is the applicant currently pregnant: ☐ Yes ☐ No **if yes, due date:** _____



Is the applicant currently employed: ☐ Yes ☐ No

Do you currently have children: ☐ Yes ☐ No **if yes, ages of children:** _____

Are there any custody or guardianship concerns with the children: ☐ Yes. ☐ No

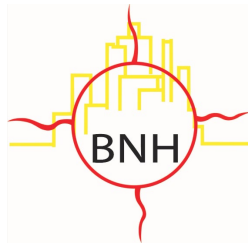
If yes, explain: _____

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

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

Eligibility Screener

1. **Is the 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 maintain sobriety while in program** ☐ Yes ☐ No
8. **How did the applicant 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: _____



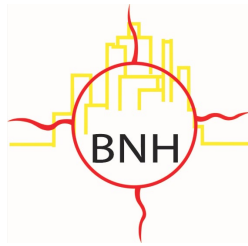
Housing Status

9. What best describes the applicant's current housing situation? Check ONE only.

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

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

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 1 year
- ☐ 3-5 years
- ☐ 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"/> Utilize public or private transportation |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Advocate for personal and health needs |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Other, please explain:
_____ |
| <input type="checkbox"/> Laundry | _____ |
| <input type="checkbox"/> House Keeping | |
| <input type="checkbox"/> Personal Hygiene | |
| <input type="checkbox"/> Follow CAS conditions | |
| <input type="checkbox"/> Follow legal conditions (e.g. probation meetings) | |

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

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

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