

## 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](mailto: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](mailto: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**

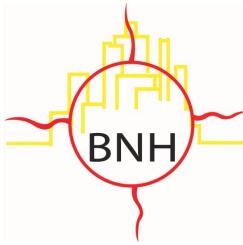
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**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

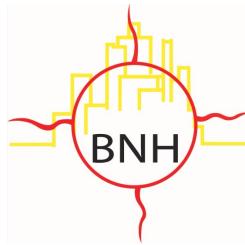
If yes, explain: \_\_\_\_\_

**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"/> Long Term Disability (private)	<input type="checkbox"/> Workers' Compensation Benefits

### 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: \_\_\_\_\_



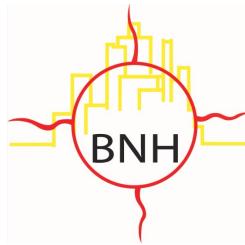
## Housing Status

**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 then 5 years



## Health and Wellness Questions

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

- Mental health
- Cognitive (concussion, mild to moderate TBI)
- Mobility impairments
- Visual impairments

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

- Budgeting
- Shopping
- Cooking
- Laundry
- House Keeping
- Personal Hygiene
- Follow CAS conditions
- Follow legal conditions (e.g. probation meetings)
- Utilize public or private transportation
- Advocate for personal and health needs
- Other, please explain: \_\_\_\_\_

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

- Support systems
- Therapy or counselling
- AA
- Group Therapy
- Anger Management
- NA
- Cultural Activities

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

- Ontario Works
- ODSP
- CAS
- Probation & Parole
- Mental Health Supports
- Public Health Services
- Legal Services
- Counselling
- Employment Services
- Training Program
- Cultural Centre
- Other, please explain: \_\_\_\_\_

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

- Intimate Partner Violence
- Mental Health/ Addictions:
- Physical Health Concerns
- Employment
- Family Support/Issues
- Education
- Personal Safety
- Legal Issues
- Substance misuse:
- Social Isolation (leisure time)
- Hoarding Mgmt.
- Other: \_\_\_\_\_