

# Qu'Appelle Housing Project Application

801-388 Kennedy Street  
Winnipeg, Manitoba  
R3B 2N1  
Phone: 204-956-0273 or 204-942-6711  
Fax: 204-957-1638

## **Part A – Identifying Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

Present Landlord (Name/Address/Phone Number) \_\_\_\_\_

Birthdate: \_\_\_\_\_

What is your source of income? \_\_\_\_\_

Are you currently receiving Home Care services? Yes  No

If yes, contact information of Case Coordinator: \_\_\_\_\_

Have you had a recent Home Care Assessment? Yes  No

Have you applied for Manitoba Housing? Yes  No

Will you require a parking space? Yes  No

How many hours do you receive for Home Care per week? \_\_\_\_\_

Are you:

- |                     |                          |                     |                          |
|---------------------|--------------------------|---------------------|--------------------------|
| Employed Full-Time  | <input type="checkbox"/> | Employed Part-Time  | <input type="checkbox"/> |
| Unemployed          | <input type="checkbox"/> | In job training     | <input type="checkbox"/> |
| Full-Time Student   | <input type="checkbox"/> | Part-Time Student   | <input type="checkbox"/> |
| Full-Time Volunteer | <input type="checkbox"/> | Part-Time Volunteer | <input type="checkbox"/> |

Please briefly describe your disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part B – Independent Living**

What does the phrase “independent living” mean to you? \_\_\_\_\_

\_\_\_\_\_

Have you ever lived independently? Yes  No

If yes, please specify the type of accommodation and length of time: \_\_\_\_\_

\_\_\_\_\_

Please list any other persons who would be residing in the suite with you, if applicable:

1.) Name: \_\_\_\_\_ 2.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about the Qu’Appelle Housing Project?

Friend  Relative  SMD

1010 Sinclair  ILRC  Fokus

Other (please specify) \_\_\_\_\_

Have you explored other housing options? Yes  No

If yes, which were they and why did you feel they were not suitable? \_\_\_\_\_

\_\_\_\_\_

Please describe the “ideal” housing option for you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain how you think the Qu’Appelle Housing Project can assist you in meeting your needs and goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Part C – Life Skills**

Please list the areas in which you would require Independent Living support

<b>Personal Care</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Wash hands/face	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bath/Shower	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shampoo/comb hair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shave/Apply makeup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bowel routine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bladder routine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Transfers To/From</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Tub	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet/Commode	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Meal Management</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Meal planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Preparation/Cooking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean up	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Apartment Management</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Change linens	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light cleaning (dusting)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy cleaning (floors)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Money Management</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bill payment	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Time Management</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Arrange transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrange appointments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrange daily activities	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Health</b>	<b>Yes</b>	<b>No</b>	<b>Time Required</b>
Taking meds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doctor's Appointments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ordering supplies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What types of skills do you think you will need to learn in order to live within the Qu'Appelle Housing Project? \_\_\_\_\_

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Are there currently any opportunities to practice these skills in your present living situation? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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### **Part D – Risk Awareness/Management**

In what areas might you need assistance from your support network and/or Qu'Appelle Housing Project staff? (Eg: Decision making, networking, professional supports etc.) \_\_\_\_\_

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The Qu'Appelle Housing Project respects the rights of tenants to make their own decisions, even when there is some risk. If there is a concern about any decisions you make in Qu'Appelle Housing, staff may feel the need to become more involved. Are there any concerns with this approach of support?

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Having read the guiding principles (see attached page) of the Qu'Appelle Housing project, are there any concerns or areas that you anticipate that would be a challenge? (Eg: Supervising staff, living cooperatively etc.) \_\_\_\_\_

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If we require any further information, you will be contacted in order to obtain your authorization. If you require any further information, please contact the Qu'Appelle Housing Project's Tenant Resource Coordinator at 204-956-0273

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Signature of Applicant

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Date

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Entrance criteria met	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, what area specifically: _____		
_____		
_____		

## **Qu'Appelle Housing Project Guiding Principles**

1. Each tenant/consumer will be legally responsible for his/her own life-decisions, resources, friends, life-style, contracts of tenancy, etc. Staff will not be liable for a tenant/consumer who places him/herself in an "at risk" situation relating to personal activities, financial debts, or health deterioration.
2. Each tenant/consumer will require varying degrees of support re: suggestions, information, accessing resources, assistance with activities of daily living, and health matters throughout the course of his/her tenancy.
3. Each tenant/consumer has the right to express and a responsibility to determine his/her own residency, life-style, friends, recreation, types of care and support required, and vocational activities.
4. Each tenant/consumer is perceived as a full citizen with the hopes, desires, and limitations as experienced by other people in society.
5. Each tenant/consumer must be allowed to make his/her own choices, and to undertake the risks associated with such decisions. Whenever a tenant/consumer places themselves or their neighbour at risk in regards to health or safety, the tenant/consumer will be subject to the normal procedures of tenancy review and possible exit as would normally be followed in the larger society.
6. Each tenant/consumer can exercise as much, or as little participation with other Project tenants as they personally choose.
7. Each tenant/consumer will have access to the consumer file. Each file will remain confidential, and no information will be shared from the file without specific tenant/consumer permission. In the event of an emergency, the Qu'Appelle Housing Project team shall be allowed to release relevant medical information to the appropriate people.
8. Each tenant/consumer has the right and will be encouraged to participate in the operation and administration of the housing project. The tenant/consumer is responsible to carry out such tasks in a respectful and professional manner, remembering at all times the importance of confidentiality.