

Qu'Appelle Housing Project Application

801-388 Kennedy Street
Winnipeg, Manitoba
R3B 2N1
Phone: 204-956-0273
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

Personal Care	Yes	No	Time Required
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"/>	_____
Transfers To/From	Yes	No	Time Required
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"/>	_____
Meal Management	Yes	No	Time Required
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"/>	_____
Apartment Management	Yes	No	Time Required
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"/>	_____
Money Management	Yes	No	Time Required
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bill payment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time Management	Yes	No	Time Required
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"/>	_____
Health	Yes	No	Time Required
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? _____

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

If yes, please describe: _____

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.) _____

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?

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.) _____

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

Signature of Applicant

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.