

Applicant Information			
Last name		First name and middle initial	Cellular telephone number
Home telephone number	Can we call you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work telephone number, including extension	Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Apartment number	Current address		
City	Province	Postal code	E-mail address
Is there a substitute decision-maker in place for your financial affairs? <input type="checkbox"/> No <input type="checkbox"/> Yes - provide their name and telephone number: _____			

The above named applicant has applied for affordable housing. In order to be eligible, the applicant must be able to live independently in a housing unit with or without support services. If support services are required they must be arranged for by the applicant prior to housing.

An applicant who can cope in an independent living situation must be able to meet the following requirements:

1. Able to manage the activities of daily living such as:
 - Mobility
 - Budgeting
 - Housekeeping
 - Cooking
 - Personal hygiene
2. Able to assume the responsibility of a tenant under the Tenant Protection Act, which includes paying rent and other accommodation charges and maintaining the unit in a good state of repair.
3. Be in receipt of any needed support services, such as:
 - Case management
 - Life skills training
 - Social or vocational/rehabilitation services
 - Treatment program (assessment and counseling)

Applicant's Declaration and Consent to Disclosure

I hereby authorize the release of any required information to St. Joseph's Housing Corporation Inc. Guelph. I fully understand the information being provided will be used in the evaluation of my application for housing. I hereby authorize St. Joseph's Housing Corporation Inc. Guelph to retain the information provided on file.

Date

Signature of applicant

Name of witness:

Signature of witness

Completed Independent Living Assessment Form and any attached documents can be mailed or delivered to:

St. Joseph's Housing Corporation Inc. Guelph
401 Edinburgh Road
Guelph ON Canada N1H 0A5
Attention: Building Manager

Form 3 - Independent Living Assessment

Request for Medical Information (to be completed by health care professional)

Your patient or client has applied for affordable housing at The Residence of St. Joseph's which is funded under the Canada-Ontario Affordable Housing Program. Under this Program, an individual must be able to live independently in a housing unit, with or without the aid of support services. Independent living requirements have been listed on previous side. Please be as specific as possible in your evaluation so that we may make a decision as to whether the accommodation the applicant has chosen meets their needs. **You may use this form to submit the required information or your own reporting format. All information will remain confidential.**

Name of Physician or Health Care Worker		Organization name (if applicable)	
Address		Phone number / extension	
City	Province	Postal code	
What are the medical diagnosis, duration and level of disability?			
How are the medical problems aggravated by the present accommodation? Please explain			
Is the applicant in a hospital or other medical facility and able to return to their place of residence? <input type="checkbox"/> Yes Please explain: <input type="checkbox"/> No			
Will the applicant require any special features such as: wheelchair access, grab bars, other? Please explain			
What other kinds of service are in place or being recommended for this applicant in order to live independently? Please explain.			

Verification and Declaration (to be completed by health care professional)

Place office stamp here. (if applicable)

I certify that this information represents my professional opinion and to the best of my knowledge and belief, is true and correct.

Date

Signature

Physician or health care professional may provide form directly to the patient or mail to the address above. Do not fax, original form is required.

Confirmation of Services (to be completed by support service agency)

The applicant has indicated that (a) he/she is currently receiving services from your agency and/or; (b) he/she has arranged for services to be put in place with your agency and that these services will coincide with the date he/she will be housed at St. Joseph's. Please indicate, on a separate agency letterhead, what services and frequency your agency is presently or will be providing to assist the applicant with independent living.

Name of contact		Agency name	
Address	Phone number / extension	Fax number	