COMMUNITY SERVICES FOR INDEPENDENCE NORTH WEST

1201 JASPER DRIVE, SUITE A, THUNDER BAY, ON P7B 6R2 PHONE: (807) 343-0414 FAX: (807) 344-6140

SUPPORTIVE HOUSING AND OUTREACH SERVICES APPLICATION

Make sure you have read and understand our Privacy Policy, Disclaimer, and Terms & Conditions before proceeding with your application.

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Please select the Program you are applying for:

Support Service Living Unit (Thunder Bay)	
(accessible, 24 hour supported unit)	
Andras Court Cluster Units (Thunder Bay)	
(accessible,24 hour supported, shared living)	
Thunder Bay Outreach	
(in home support care)	
Northshore Outreach	
(in home support care)	
Henesy Terrace – Supportive Housing (Kenora)	
(accessible, supported unit)	
Kenora District Outreach	
(in home support care)	
Riverview Manor – Assisted Living for Seniors (Rainy River)	
(in home support care)	
Rainy River District Outreach	
(in home support care)	
Lady Francis – On-site Support Services (Fort Frances)	
(in home support care)	

Section 1

Personal Information						
Name (Last Name, First Name))			Date of Birth (mm/dd/yy)	Sex ()Male ()Female	
Permanent Address	City	Postal	Apt. #	Telephone Number:		
Temporary Address	City	Postal	Apt #	Telephone Number:		
Status in Canada:				What is your mother tongue	::	
 () Canadian Citizen () Refugee Claimant () Inuit Health Card # 		 Permanent Reside Metis Status Indian Status Band # 		If your mother tongue is nei which of Canada's official la comfortable? () French () English () Other	nguages are you most	
Social Insurance Numbe	r			Present Accommodations: () Rent () Ow	n	
Marital Status:			_	()Co-own ()Tem ()Hospital ()Hon	ne with family	
What Program are you a	applyin	g for?		Other Rent \$		

Please fill in the following information for the people who would be living in the unit (include children, if any). List yourself first. Income should include all sources (work, pensions, UIC, support payments, interest, ODSP, social assistance).

Income							
Name	Age	Sex	Relationship to Applicant	Gross Income Per Year	Source of Income		
			SELF				

Referring Individual (who is making the application):						
Name (Last Name, First Name)			Relationship:	Contact Person ()Yes ()No		
Address:		Work Phone Number:				
City	Province	Postal Code	Fax Number:			

Section 2

	Support Network /Emergency Contacts							
Name (Last Name, First Name)			Relationship	Contact Person				
				()Yes ()No				
Address:			Home Phone Number					
City	Province	Postal Code	Work Phone Number					
Name (Last Name, First Name)			Relationship	Contact Person				
				()Yes ()No				
Address:			Home Phone Number					
City	Province	Postal Code	Work Phone Number					

Education and Employment					
Name of Last School Attended:	Address of School:				
Level Attained:	Year Completed:				
Name of Last Employer:	Position:	How long were you there?			

Leisure:

What do you enjoy doing in your spare time?

Reason for Application	
pplicant:	
eferring Individual :	
ease list what other services you are currently receiving.	

Section 3

Type of Accommodation Requested	Preferred Location/Program
() Bachelor	Supportive Housing Thunder Bay Locations:
	() Jasper 1201 Jasper Dr () Andras Court 122 S. Cumberland St
() 1 Bedroom	()Glenwood 170 W. Donald St. ()Castlegreen 150 Castlegreen Dr
	()Superiorview 110 Castlegreen ()McKellar 325 Archibald St., 4 th Fl
() 2 Bedroom	() Wilson 76 S. Cumberland St
	Outreach Services
	()Thunder Bay ()Kenora ()Northshore ()Rainy River
	() Henesy Terrace 14 Woods Drive, Kenora
	() Riverview Manor Rainy River
	() Lady Francis 532 Front Street, Fort Frances
Ac	cessibility
I/ We require a unit with special accessibility options :	I/We require the following type of unit:
() Yes	() Barrier Free (Internally modified for wheelchair)
() No	() Other Accessibility (Walker, Braces, Etc)
	() Other Modifications (Hearing Impairment, Etc)
Do you require a parking space?	
() Yes	Please Specify:
() No	
()	
Pets?	
() Yes	
() No	
If so how many and what kind?	
	Can you climb stairs?
	— () Yes
	() No

Section 4

Medical Information:						
Primary Disability Onset of Disability						
Secondary Disability	Onset Of Disability					

	Level	of Personal Assistance	
Activity	Independent	Some Assistance Required	Complete Assistance Required
Skin Care			
Bathing/Showers			
Grooming			
Dressing/Undressing			
Bladder Management			
Bowel Management			
Exercises for mobility			
Meal Preparation			
Housekeeping			
Laundry			
Money Management			
Medical Appointments			
Shopping ,Grocery, Personal			
Other (please specify)			

		Physical Status
Do you require a <i>wheelchair</i> ? () No	()	Yes, is it - () manual? () motorized?
Do you require other assistive devices?	()No	()Yes, please state what is needed:
Can you transfer independently?	()Yes	()No, please describe assistance needed:
Are there any communication issues?	()No	()Yes, please describe:
Any other physical conditions that should b describe:	oe mentio	oned? (allergies, heart conditions, diet restrictions, etc) ()No () Yes, please

	(e.g.		ll Professionals: Practitioner, Specialist)			
Name	Specialty		Address, Phone Num	ber	Last Seen	
		54	edications:			
Name of Medication	Dosage		Reason	Date P	rescribed	Side Effects
	203050		Acuson	Duter		
Add additional pages if pecessary)	<u> </u>	I		I		I

(Add additional pages if necessary)

Medication Administration - Self () or () Assistance required, specify what level______

Section 5

References (Please list three other than relatives)		
Name	Address	Telephone Number

Your Signature and Authorization

By signing below, you agree that you understand the Privacy Policy, Disclaimer, Terms and Conditions and how your information will be used to process your application for services from CSI NW. You can read these items on our website at www.csinw.ca

I agree I have read and understand the above conditions for my application and how my personal health information will be used to determine my programs or service eligibility with CSI NW.

Signature of Applicant and /or Substitute Decision Maker:_____

Date of Appliction:_____

Please return completed application to: Community Services for Independence North West 1201 Jasper Drive, Suite A, Thunder Bay ON P7B 6R2 PHONE: (807) 343-0414 FAX: (807) 344-6140 EMAIL: info@csinw.ca