Community Services for Independence NORTH WEST
410-101 N. SYNDICATE AVE, THUNDER BAY, ON P7C 3V4
PHONE: (807) 622-7469 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.

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)	
Sioux Lookout/Dryden/Ignace/Red Lake District Outreach (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:

( ) Canadian Citizen
( ) Refugee Claimant
( ) Inuit
( ) Permanent Resident
( ) Metis Status
( ) Indian Status
Band # _____

What is your mother tongue:

If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
( ) French
( ) English
( ) Other_____

Health Card # _____

Social Insurance Number_____

Marital Status:_____

_____

What Program are you applying for?

_____

Present Accommodations:
( ) Rent ( ) Own
( ) Co-own ( ) Temporary
( ) Hospital ( ) Home with family
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
Applicant:_____
Referring Individual :

Please list what other services you are currently receiving.

_____

_____

_____

Section 3

Type of Accommodation Requested	Preferred Location/Program
( ) Bachelor ( ) 1 Bedroom ( ) 2 Bedroom	**Supportive Housing Thunder Bay Locations:** ( )Jasper 1201 Jasper Dr ( ) Andras Court 122 S. Cumberland St ( ) Glenwood 170 W. Donald St. ( ) Castlegreen 150 Castlegreen Dr ( ) Superiorview 110 Castlegreen ( ) McKellar 325 Archibald St., 4th Fl ( ) Wilson 76 S. Cumberland St ( ) Hennesy Terrace Kenora ( ) Riverview Manor Rainy River ( ) Lady Francis Fort Frances **Outreach Services** ( )Thunder Bay ( )Kenora ( )Northshore ( )Rainy River ( ) Sioux Lookout/Dryden/Ignace/Red Lake ( ) Fort Frances

Accessibility	
I/ We require a unit with special accessibility options : ( ) Yes ( ) No Do you require a parking space? ( ) Yes ( ) No Pets? ( ) Yes ( ) No If so how many and what kind?_____ _____ _____	I/We require the following type of unit: ( ) Barrier Free (Internally modified for wheelchair) ( ) Other Accessibility (Walker, Braces, Etc) ( ) Other Modifications (Hearing Impairment, Etc) Please Specify:_____ _____ _____ _____ _____ 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 *wheelchair*? ( ) 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 be mentioned? (allergies, heart conditions, diet restrictions, etc) ( )No ( )**Yes, please describe**: _____ _____

Medical Professionals:
(e.g. General Practitioner, Specialist)

Name	Specialty	Address, Phone Number	Last Seen

Medications:

Name of Medication	Dosage	Reason	Date Prescribed	Side Effects

(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 CSINW.

Signature of Applicant and /or Substitute Decision Maker:_____

Date of Appliction:_____

Please return completed application to:
Community Services for Independence North West
410-101 N. Syndicate Ave Thunder Bay ON P7C 3V4
PHONE: (807) 622-7469
FAX: (807) 344-6140
EMAIL: info@csinw.ca