

TNDF Transitional Housing Program Application

Referring Agency (if applicable): _____

Date (dd-mm-yyyy): _____

1. Applicant's General Information

1. Legal First Name: _____

2. Legal Last Name: _____

3. Alternative/Previous last name: _____

4. Current Address (Street, City, Province, Postal Code):

5. Date of Birth (DD-MM-YYYY): _____

6. Safe primary telephone number: _____

a. Type of Number: Cell Work Home

7. Safe Alternative Phone Number: _____

a. Type of Number: Cell Work Home

8. Safe Email Address: _____

9. Identification: You must attach a form of Photo Identification for each person that is applying to reside in the Emergency Transitional Housing

a. **Type of ID attached:** Driver's License Passport Ontario Photo Card
Health Card

2. Current Housing Status

Living in:

Own Home:

Own Rental Unit:

Renting a Room:

Couch Surfing:

Shelter:

Staying with Friends/Family:

Please provide brief details of your current living situation:

I am currently on a waitlist for Social and or Subsidized Housing: Yes No

If yes,

What waitlists: _____

Status on the waitlist: _____

If no,

Why: _____

3. Children

First, Last Name	DOB dd-mm-yyyy	Gender	Relationship to you	Child resides with	Custody	Access

4. Partner Information/Relationship Status**N/A****Who is your Identified Abuser?**

Name: _____ Date of their Birth (dd-mm-yyyy): _____

Address: _____

Your current relationships status with abuser? _____

Are you or have you recently been residing with this person?

Current Risks from Abuser:**Yes****No**Does your abuser have possession of, or have access to, guns? Is your abuser incarcerated? Does your abuser know your location? Is your abuser likely to look for you? **Current Relationship:**

Are you currently in a relationship? _____

If yes, please provide the following information about your partner

First Name: _____

Last Name: _____

Date of Birth (dd-mm-yyyy): _____

Gender: _____

Address: _____

5. Legal Involvement**N/A**

<i>Details</i>	Against Applicant (Charges against applicant)	Against Abuser (Charges against abuser)
Date of Incident(s) (dd-mm-yyyy)		

Type of Charge(s)		
Status of Criminal Proceeding(s)		
Additional Information		

6. Citizenship

Additional services may be available to applicants who have First Nations, Metis, or Inuit Heritage

Do you or your children have First nations, Metis, or Inuit Ancestry? Yes No

Are you a: Canadian Citizen Permanent Resident

International Student Refugee Claimant

Other

If other, please specify: _____

7. Gender Based Violence History – Please check all that apply N/A

Types of Violence Experienced	Currently occurring	Has occurred in the last six months	Historical (Occurred longer than six months ago)
Physical			

Emotional			
Financial			
Stalking - Harassment			
Sexual			
Verbal			
Legal			
Intimidation/Control			

8. Health Status

Do you have a Family Doctor/Nurse Practitioner? Yes No

If Yes,

Name: _____ Telephone Number: _____

Address: _____

Substance Abuse? Yes No

Type of Substance(s): _____

Are you currently under any substance abuse program? _____

Are you currently pregnant? _____

If so, what is your expected due date? _____

What, if any, Support Agencies are you involved with?

9. CAS or DBCFS Involvement N/A

Are you involved with CAS/DBCFS? _____

Worker's Name: _____

Nature of your Involvement: _____

10. Residency

Is this Application for you alone? _____

If no, please list who will be living with you below.

NOTE: *Dependent children 18 years of age and older, who would be considered for residency in the transitional housing program, must be interviewed separately and assessed for suitability for the program.*

First, Last Name	DOB: dd-mm-yyyy	Age	Gender	Custody status

Would any of your children NOT RESIDING with you be visiting/staying overnight?

Do you have your own transportation? _____

Will you need a parking space? _____

11. Employment and Income

Are you employed or in an Employment Training Program? _____

Details of the Employment or Program: _____

Are you receiving Social Assistance? _____

Type of Assistance: _____

OW/ODSP/CP/PP/OAS/Other

If you are not employed or receiving social assistance, what is your source of income?

If you have no income, please provide details around plans for income/ability to manage the monthly occupancy charge payments.

12. Emergency Contact

First Name: _____ Last Name: _____

Relationship to Applicant: _____ Phone Number: _____

Email Address: _____ Address: _____

I give TNDF consent to contact the above person anytime TNDF has established there is an emergency that warrants contact

I understand that if my Emergency Contact changes, I must notify TNDF.

13. Form Submission

You may submit this application one of the following ways:

- 1) By Email to:
 - a. jstlouis@tndf.ca – Johanne St. Louis (Social Services Director)
 - b. Eliza.lowes@tndf.ca – Eliza Lowes (Housing Coordinator)
- 2) In person:
 - a. 16 York Street, Cannington, ON, L0E 1E0
- 3) Alternative Submission: If you are having difficulties submitting your application, please contact Johanne St. Louis or Eliza Lowes by calling the main line: (704) 432-2444

The information I have given on this application is true.

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

Application received (dd-mm-yyyy):

Applicant's Interview (dd-mm-yyyy):

Applicant accepted:

Yes

No

Date:

If no, provide reasons:

Applicant Notified (dd-mm-yy):

Approved by:

Comments