Application to Nazareth Community

Resident Responsibilities

The resident will meet with intervention team to work together on personal goals and objectives. The resident will pay the rent on the first day of each month. The resident will be part of our community with participation in daily activities, chores, and resident meetings.

Part I

____Nazareth House ____Hope Apartments ____Anne's House

Applicant:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____
Year Month Date

Languages spoken: □ English □ French □ Other _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you lived in Montreal_____

Reason for leaving previous housing? _____

Are you considered an individual that is at risk for homelessness? Yes _____ No _____

Mobile phone number**:** _____

Email address: _____

Citizenship:

Are you a Canadian citizen? Yes_____ No _____

Are you a permanent resident? Yes _____ No _____

If not a Canadian citizen or permanent resident, provide your current status: _____

Employment:

□ Employed full-time □ Employed part-time □ Unemployed
□ Volunteering □ Working Program □ Student

Have you attended/completed a PAAS Action Program? Yes _____ No _____
If yes, when? _____

Financial situation:

Source of income:

□ Employment Income □ Social Assistance □ Disability □ Pension □ Inheritance

□ Other: _____

Monthly income: _____ Annual income: _____

How do you budget your money? _____

Do you have any debts? _____

Housing:

By what date do you need low income housing: _____

Are you looking for long term housing? Yes _____ No _____

For how long do you need housing? _____

Legal status:

Do you have a pending court date? Yes _____ No _____

If yes, please explain: _____

Do you have any active judicial records Yes _____ No _____

Part II

Medical History:

Are you presently being treated for a medical condition? Yes _____ No _____

_____

Are you taking any medications? Yes _____ No _____

List of Medication:
_____
_____

How is your medication monitored? _____

Are you taking any non-prescription drugs? Yes _____ No _____

Are you taking any kind of herbal supplements? Yes _____ No _____

Onset of Mental Illness: _____

Last Hospitalizations: _____

Reasons for hospitalizations: _____

Clinical Diagnosis: _____

History of suicide ideation _____

Health limitations: _____

□ Diabetes □ Eating disorder □ Addiction □ Incontinence □ Fibromyalgia □ Memory

Mobility:

Full Mobility: Yes_____ No_____

Do you require? □ Cane □ Walker □ Wheelchair □ Bathroom bars □ Transport Adapté

Do you require appointment accompaniment? Yes _____ No _____

Personal Health Providers and Support Services:

Hospital: _____ Telephone: _____

Psychiatrist: _____ Telephone: _____

Curator: _____ Telephone: _____

Other _____ Telephone: _____

Part III

Activities of Daily Living

Hygiene Maintenance

Reminders for □ laundry □ personal hygiene □ room maintenance

Smoking:

Smoker _____ Non-smoker _____

How many cigarettes do you smoke per day? _____

Are you an indoor smoker? Yes _____ No _____

Do you smoke in bed? Yes _____ No _____

* Nazareth and Anne's House only allow government issued cigarettes

Sleeping pattern:

Do you have trouble sleeping? Yes _____ No _____

At what time do you go to bed? _____ How many hours do you sleep? _____

If you are up during the night, what is your customary behavior?

_____

How many hours do you sleep during the day? _____

Coffee consumption:

How many coffees do you drink per day? _____

Referrals:

Each applicant must have two referrals that can attest the information provided by the applicant. Referrals must know the client for more than 3 months and have a good understanding of their abilities and be able to recommend that the applicant be part of the Anne's House community. These individuals will be contacted for more information by the selection committee of Anne's House. This section of the application is considered an authorization to communicate.

Name: _____
Name of Organization:_____
Title/relation to the applicant:_____
Telephone:_____

Name: _____
Name of Organization:_____
Title/relation to the applicant:_____
Telephone:_____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____

Postal Code: _____ Phone number: _____

I agree to the expectations of Nazareth Community and the above information is correct,

_____ __/__/____
Signature Date

Applications can be sent to:

Nazareth House
1197 Seymour, Montréal
(QC) H3A 2A4
Tel: 514-933-6916
Email: nazareth.maison@gmail.com

Anne's House
1197 Seymour, Montréal
(QC) H3A 2A4
Tel: 514-908-9681 Fax : 514-819-9957
Email: annes.maison@gmail.com

Housing and Support Agreement between Nazareth Community Inc.

The referring organization shall help the applicant prepare and deliver the following information to the accepting organization: resident history, medical and social histories, as well as their functioning in ADL's (activities of daily living).

The referring and accepting organizations will cooperate for as to ensure prospective applicants have established healthcare support services (specifically psychiatric) in place and to facilitate the transfer thereof to the new sector.

The referring and accepting organizations will cooperate to ensure that transferring residents have help and companionship when moving their personal belongings, if necessary, to their new housing.

To qualify for transfer, prospective applicants shall have no known pending court cases; shall disclose any known history of previous criminal activity and/or records; and shall have successfully managed any addictions for at least 9 months.
If a resident is asked to leave either organization, said organization will use its reasonable best efforts to assist the resident in transition into a new setting, without guaranteeing any particular result.
The referring and receiving organizations shall use their reasonable best efforts to ensure that all moves are scheduled for the 1st of the month, failing which they shall negotiate in good faith to assess and apportion rent payments between them.

_____ __/__/____
Signature Date
Organization:_____

_____ __/__/____
Signature Date

Organization:_____