



Nazareth Community Housing Application

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
___ John's House
___ 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
- _____ Work program
- _____ Volunteering
- _____ Student

Have you attended/completed a PAAS Action /Pre-employment program? Yes _____ No _____
If yes, when? _____

Financial situation:

Source of income:

- _____ Employment
- _____ 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 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 _____

Diagnosed medical health condition: _____

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 _____

Clinical Diagnosis: _____

Onset of mental illness: _____

Last hospitalizations: _____

Reasons for hospitalizations: _____

History of suicide ideation _____

Health limitations

Addiction Diabetes Eating disorder Fibromyalgia Incontinence 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 need 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 Community 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 to 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 Nazareth Community. These individuals will be contacted for more information by the selection committee.

This section of the application is to be 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

All applications for Nazareth Community housing programs can be sent to:

Nazareth Community:
Address: 1197 Seymour, Montreal QC H3H 2A4
Email: managerclientservices@nazarethcommunity.com
Tel: 514-933-6916 x.218
Fax: 514-819-9957

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 collaborate and 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; and disclose any known history of previous criminal activity and/or records; and have successfully managed any addictions for at least 6 months.

If a resident is asked to leave either organization, said organization will use its best efforts to assist the resident in transition into a new setting, without guaranteeing any particular result.

Signature

____/____/____
Date

Organization: _____