

THE CAN AM URBAN NATIVE HOMES  
BIIMSKIINODIN TRANSITIONAL HOUSE PROGRAM INFORMATION

Can Am Urban Native Non-Profit (Windsor) Homes Inc. welcome the opportunity to offer you possible placement in the Biimskiinodin Transitional House. Biimskiinodin is a transitional housing program developed as a support system giving you the time and resources you need to find answers for your personal and family development. This Program is much more than a rental unit. Along with your home, comes a social services component. Those accepted in the program must be willing to work hard toward goals and accomplishments that will improve their ability to become independent. If you meet the initial entry criteria for the Supportive Housing Program, you will have an intake interview with a staff member to determine your goals for the future. If accepted into the program, a staff member will work with you to develop a working plan that will enable you to get back on your feet as soon as possible.

**Rights and Responsibilities**

Your rights:

- Equal opportunity and fair treatment
- Confidentiality
- An individualized program designed to help you meet your family 's needs
- Responsible and respectful staff attention and advocacy
- A clean, safe rental unit for up to 6 months.

Your responsibilities:

- To be an active participant in the program.
- To complete and adhere to a mutually agreed upon Plan of Care, prior to moving into the unit.
- Work diligently with staff in developing educational, vocational, financial and personal goals
- Follow through on planned activities and programs
- Participate in mandatory requirements:
  - Actively pursue employment or a vocational education/training program
  - Attend budgeting class, individual or group as required
  - Attend sessions or workshops referred to as the goal is to assist you in gaining independence
- Keep your unit clean and hazard free
- Respect the homes alcohol and drug free status and do not use either on the premises
- Pay your rent on time
- Ask questions if you are unsure of what you need to do
- Be available to meet with program staff at mutually convenient times.

In general the Biimskiinodin Transitional Housing Program provides housing for up to six months. If a longer stay is required it is possible to get extensions of a month at a time on a case by case basis, which will not exceed a year in length without exception. A family may choose to leave earlier. Also the family may choose not to follow one of the above guidelines and be asked to leave and allow another family to take their place.

I hereby certify that I have received a copy of my rights and responsibilities under the Supportive Housing Program and that they have been explained to me, and I do understand them.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Referred By \_\_\_\_\_

## Biimskiinodin Transitional Housing Application

Applicant Name \_\_\_\_\_

SIN \_\_\_\_\_ Date of Birth   /  /   Age     
d m yy

Co-Applicant \_\_\_\_\_

SIN \_\_\_\_\_ Date of Birth   /  /   Age     
d m yy

Contact Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Widowed  Separated  Common Law

Children:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_

(If you have more children, please list on the back of this sheet)

Are you currently homeless Yes  No  Have you been served with notice to vacate Yes  No

Needed move-in date \_\_\_\_\_

Can the utilities be turned on in your name? Gas: Yes  No  Hydro: Yes  No

At this time where are you living?

A. House  C. Hotel/Motel  E. Family/Friends  G. Shelter

B. Apartment  D. Street  F. Room  H. Other

Describe the reasons or events that led to the loss of your home:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you feel is the primary reason for your current situation/problems?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any immediate needs for; clothing, food, medical attention, or personal items?

Yes  No

What specifically do you require?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you feel needs to happen for you to overcome your current situation?

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Briefly describe your immediate family health history concerning

- 1) Chemical or alcohol dependency
- 2) Treatment/aftercare / AA or NA / other support groups
- 3) Major illness or physical or health concerns.

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Have you ever been involved with the Children's Aid Society as the head of your household? If yes, when and why?

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Other information that you feel would be helpful in determining your program eligibility?

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EDUCATION: **APPLICANT**

Highest Grade Completed: K 1 2 3 4 5 6 7 8 9 10 11 High School Diploma/GED:

College? YES / NO Degree or Certificate obtained: \_\_\_\_\_

Technical/trade Education \_\_\_\_\_

Special training/ Skills? \_\_\_\_\_

**CO-APPLICANT**

Highest Grade Completed: K 1 2 3 4 5 6 7 8 9 10 11 High School Diploma/GED:

College? YES / NO Degree or Certificate obtained: \_\_\_\_\_

Technical/trade Education \_\_\_\_\_

Special training/ Skills? \_\_\_\_\_

EMPLOYMENT HISTORY **APPLICANT**

If employed, employers name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ #Hours worked/week: \_\_\_\_\_ Wage per hour:\$ \_\_\_\_\_

Describe your work history for the last five years:

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Describe your job interests or career goal:

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**CO-APPLICANT**

If employed, employers name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ #Hours worked/week: \_\_\_\_\_ Wage per hour:\$ \_\_\_\_\_

Describe your work history for the last five years:

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Describe your job interests or career goal:

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MONTHLY INCOME		MONTHLY EXPENSES	
Employment		Telephone or Cell phone	
Ontario Works		Transportation Car Payment & Gas	
Child Tax Credit		Bus Pass & Taxi Fares	
Ontario Disability		Groceries	
Canada Pension Plan		Eating out	
CPP Disability		Entertainment: Movies, Rental, Internet, Cable	
Employment Insurance Benefits		Support Payments	
Workplace Safety Insurance Benefits		Child Care	
Old Age Supplement		Insurance: Car, Life, Apartment Content	
Spousal/Child Support		Credit Cards: Total minimum Monthly payments	
Bank Interest		Bank Loans	
Other:		Finance Company Loans	
Other:		Ontario Student Assistance or Canada Student Loans	
TOTAL		Current Rent	
MAXIMUM	\$ 2,916	Current Electricity & Heat	
		Cigarettes	
		Miscellaneous	
		TOTAL	

**Income/Expense Verification Form (cont'd.)**

**List property such as cars, boats, trailers, etc.**

<u>Item</u>	<u>Make/Model #</u>	<u>Year</u>	<u>License Plate #</u>

**List all assets (property, stocks, bonds, etc.)**

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**List all debts.**

<u>Account</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>

**Have you ever filed for Bankruptcy? Yes  No  If yes, when, where, how much?**

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**Do you owe money on utilities?**

Gas	_____	Telephone	_____
Oil/Propane	_____	Cell Phone	_____
Hydro	_____		

1. I (We) certify that all the information supplied is true and correct to the best my (our) knowledge.
2. I (We) further certify that all information furnished in support of this application is true and complete to the best of my (our) knowledge and belief.
3. I (We) hereby agree to provide the Can Am Urban Native Non-Profit Homes of Windsor, Inc. with signed releases of information deemed necessary to verify the information supplied in this application.
4. I (We) hereby authorize Can Am Urban Native Non-Profit Homes of Windsor, Inc. to make such enquiries about my reference and credit status as they see fit to process this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date