



# LOOKOUT EMERGENCY AID SOCIETY

## AVALON HOTEL PROGRAM

165 West Pender Street Vancouver, B.C. V6B 1S4  
(604) 629-0055 Fax (604) 629-1974

### APPLICATION

The Silver Avalon offers 35 rooms in a partnership agreement with Lookout. The housing is through single rooms in a hotel-like setting. Support is provided through a Tenant Support Worker on-site for 8 hours daily. Please see our housing description for more information.

Please note: all information is kept in confidence.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Income source: \_\_\_\_\_

Do you have a Financial Aid Worker? Name \_\_\_\_\_ Phone# \_\_\_\_\_

Do you have a Mental Health Worker? Name \_\_\_\_\_ Phone# \_\_\_\_\_

Do you have other Support Workers? Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Do you live with any of the following health concerns:

- |   |  |
|---|--|
| <input type="checkbox"/> physical handicap What? _____                                | <input type="checkbox"/> use a wheelchair?                 |
| <input type="checkbox"/> have mobility problems e.g. have difficulty climbing stairs? |  |
| <input type="checkbox"/> mental illness   | <input type="checkbox"/> difficulty breathing/easily tired |
| <input type="checkbox"/> heart disease  | <input type="checkbox"/> diabetes                          |
| <input type="checkbox"/> hearing difficulties   | <input type="checkbox"/> do you use in-home nursing care?  |
| <input type="checkbox"/> do you have home support services?                           | <input type="checkbox"/> alcohol or drug problems?         |

If you use alcohol or drugs, how often?  daily  1 – 3 X per week  5 – 6 X per month?

Are you on medication? Yes \_\_\_ No \_\_\_

Have you ever been violent - towards other people? Yes \_\_\_ No \_\_\_

- towards property? Yes \_\_\_ No \_\_\_

- within the past two years? Yes \_\_\_ No \_\_\_

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If you answered 'yes' to any questions about violent behaviour, can you tell us what caused you to be violent?

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Have you been evicted from anywhere else within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why? \_\_\_\_\_

**What is your current housing like?**

Currently live in the Downtown Eastside	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Safety (physical condition)	Good	<input type="checkbox"/>	Okay	<input type="checkbox"/>	Poor <input type="checkbox"/>
Security (crime, intimidation)	Good	<input type="checkbox"/>	Okay	<input type="checkbox"/>	Poor <input type="checkbox"/>
Sanitary condition (dirty shared toilets/tubs, infested with pests)	Good	<input type="checkbox"/>	Okay	<input type="checkbox"/>	Poor <input type="checkbox"/>
No elevator but needs one	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Why are you interested in living in the Avalon?

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What assistance would you request from the Lookout Tenant Support Workers?

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If I move into the Avalon Hotel and my worker or doctor asks that my money and/or medication be administered by the staff, I will agree. If they ask for you to manage your own medications, we will agree.

Further to the *Personal Information Protection Act* and the *Privacy Policy of the Lookout Emergency Aid Society*, this form has been designed to ensure that the individual's privacy and confidentiality is respected, while ensuring for the provision of the exchange of relevant service planning information between agencies. At any time, only immediately relevant information shall be shared as required on a "need to know" basis to ensure effective service planning and continuity of care.

I hereby give consent to the Lookout Tenant Support Workers at the Avalon Hotel to share pertinent information with workers from other agencies or services (e.g., EAW, Doctor, Social worker) to assess my application for the Avalon Hotel on a "need to know" basis.

Signed \_\_\_\_\_ Date \_\_\_\_\_