

APPLICATION FOR LOOKOUT SUPPORTIVE HOUSING
346 ALEXANDER ST. (To be completed with referring worker)

Name: _____ Birthdate: _____

SIN#: _____ Medical #: _____

Next of kin: Name: _____ Relationship: _____

Address: _____ Phone #: _____

MHR office: _____ Phone#: _____ Source of income: _____

Current location (address or contact person): _____ Phone#: _____

Rent amount: _____ How long have you been at your current address? _____

Is your current location temporary accommodation? _____

Are you familiar with the Downtown Eastside? _____

What other housing options have you tried? _____

Is there anything that has made it difficult for you to find places to live (health, personal situation)?

Have you ever been evicted? _____ Why? _____

Primary mental health worker: _____ Phone #: _____

Secondary worker: _____ Phone #: _____

Physicians: Psychiatrist: _____ Phone #: _____

G.P. _____ Phone #: _____

HIV specialist: _____ Phone #: _____

Mental health diagnosis: _____

Medications: _____

Allergies: _____

Health concerns: (please circle) Arthritis Asthma Blindness Cancer Deafness Diabetes Epilepsy
Heart disease Hepatitis HIV Require wheelchair/elevator Seizures
Other: _____

Do you have any special diet requirements? _____

Do you want to take your meals at Lookout ? Yes or No (circle one)

If you move into Lookout and have a problem budgeting your money, do you give consent that your Financial Aid Worker send your full cheque to Lookout ? A budget can be developed so that the rent will be paid and if necessary, a monthly budget drawn up between Lookout and yourself for the remaining money? If yes, please initial. _____

Do you require financial assistance?: _____

Are you willing to participate in a community setting - cooperating with Home Support workers to ensure that your laundry is done, your room is kept clean, and your hygiene is good ? If yes, please initial. _____

For each of the questions below, please check under Often, Sometimes, or Never.

	Often	Sometimes	Never
When I drink, I like to get drunk.	_____	_____	_____
I eat regular meals and understand the importance of healthy food.	_____	_____	_____
I prefer to be left alone.	_____	_____	_____
I have upset some people by my sexual attitudes or behaviour.	_____	_____	_____
When I have the opportunity, I use street drugs.	_____	_____	_____
I think of harming myself or ending it all.	_____	_____	_____
When I get angry, I can lose control.	_____	_____	_____
I have stopped taking my medication because they made me sick.	_____	_____	_____
I enjoy activities and relationships with my neighbours.	_____	_____	_____
I need support from the staff.	_____	_____	_____
I think of setting fires when I'm upset.	_____	_____	_____

What are some goals which you would like to work on while at Lookout (programs, interests, hobbies)?

Are you willing to give consent to Lookout staff to share pertinent information with workers from other agencies or services (e.g., FAW, SW, doctors) during your stay at Lookout?

If yes, please sign: _____

Referring worker: _____ Date referred: _____

Date received: _____

Referring worker: Please include a cover letter highlighting any information not covered on the application.

All information given on this form is Confidential.

Note: Tenancy is on a monthly basis only. When a tenant wishes to move, one month's written notice must be given or the tenant may be responsible for an additional month's rent.

Covered on interview: selection criteria, wait list prioritization, dates for tenant selection