



LOOKOUT EMERGENCY AID SOCIETY

SAKURA SO PROGRAM

376 Powell Street, Vancouver, B.C. V6A 1G4
(604) 681-0008

APPLICATION

The Sakura So is a 38-unit heritage rooming house purchased in early 2001 as transitional housing. The residential portion of this building offers 38 rooms with cooking facilities, nine of which are double rooms; the washrooms are shared. The rooms are located on the 2nd and 3rd floors, and the building has an elevator. Support is provided daily, through an on-site Tenant Support Worker. 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?

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 at the Sakura So?

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

If I move into the Sakura So and my worker or doctor asks that my money and/or medication be administered by the staff, I 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 client privacy and confidentiality is a respected right, 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 Sakura So to share pertinent information with workers from other agencies or services (e.g., EAW, Doctor, Social worker) to assess my application for the Sakura So on a "need to know" basis.

Signed _____ Date _____