



Office Use Only:
Date Rec'd:

Administration Office
88 Mulcaster Street
Barrie, Ontario
Ph. 705-739-6916
Fax 705-739-9543

Application Form: Lucy's Place Supportive Housing Program

The information being collected in this application is being gathered for the purposes of establishing eligibility for Lucy's Place Supportive Housing Program.

This program is intended for adult individuals currently experiencing chronic homelessness. If you do not meet the criteria of chronic homelessness, you will not be deemed eligible for this program.

- Instructions:
1. Complete Application
 2. Sign and Date Declaration and Consent
 3. Submit Application by:
 - *Fax 705 739 9543
 - *In Person to DBC at 88 Mulcaster Street
 - *Email to lucysplace@busbycentre.ca (please password protect document)

Please **PRINT** and fill out all sections of this form. Incomplete applications will not be considered.

SECTION 1 – APPLICANT INFORMATION		
First Name:	Family (last) Name:	Birthdate:
Co-applicant Name:	Co-applicant Family (last) Name:	Birthdate:
Identify as FNMI:	Citizenship:	Language:
Phone Number:	Email:	
Indicate current living situation: <input type="checkbox"/> Treatment <input type="checkbox"/> Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Detox <input type="checkbox"/> Homeless <input type="checkbox"/> Staying with Friends		
How long have you been in this current living situation: _____		
How long since you lived in stable housing: _____		
When was the last time you were required to contribute financially for housing? _____		
Current Source of Income:		
Gross Monthly Income:		
Have you applied for Housing First through the Regional Housing First Team? Yes No		
<i>If no, please ask your shelter worker or housing worker to assist you to apply to the Regional Housing First Program before completing this application.</i>		
FULL SPDAT SCORE:	SPDAT VERSION:	SPDAT DATE:

SECTION 2 – TYPE OF HOUSING DESIRED:		
Please circle your choice.		
Self contained unit	Shared Unit	Accessible Unit

SECTION 3 – CONTACT INFORMATION If you do not have contact information please list a person who we can contact on your behalf. For example, interpreter, agency, relative, friend, community support worker, or case manager.					
Contact name and daytime number (where we can leave a message if we are unable to contact you directly):					
Name:	Phone Number:		Relationship:		
Is anyone/agency helping you with your housing search?	Yes	No	If yes, may we contact them?	Yes	No
Agency Name:	Agency Phone Number:				
1)	1)				
2)	2)				
3)	3)				

SECTION 4 – ACCOMMODATION REQUIREMENTS (Examples: Wheelchair Accessibility, Visual Impairment, Hearing Impairment, etc.)		
Do you require any accessible accommodation for your housing?	Yes	No
If yes, please describe:		
Do you currently have a pet/animal that you would hope to house with you?	Yes	No
If yes, please provide additional information:		
Are you or anyone you listed on this application involved with someone who threatens your/their safety?	Yes	No
Is there a personal situation that makes your need for housing urgent?	Yes	No

SECTION 5 – SUPPORTIVE HOUSING PROGRAM ACCEPTANCE

Lucy's Place is a supportive housing program which means that there will be minimal expectations for you to participate in individualized supports and programming. Types of available supports will include personal support to connect with health and social service providers, life skills development in cooking, personal care, etc., brief crisis support

Do you agree to accepting and participating within these supports?

Yes No

Would you agree to a curfew for guests and an individualized guest policy?

Yes No

Would you agree to weekly visits with a Case Manager in your unit?

Yes No

Would you agree NOT to smoke within your unit (reasonable designated smoking area(s) will be available for legal substances)?

Yes No

Would you agree to keep any and all alcohol or substance use within your own unit or off property?

Yes No

Do you agree to direct deposit for your utilities or to participate in the Busby trustee program for my rent payment?

Yes No

What is your understanding of supportive housing?

What will you need from the onsite staff and landlord to be successful in your housing?

Please provide any additional information that you would like to see included with your application:

SECTION 6 – DECLARATION

I give my word that everything I have written in this application is true and complete.

I understand that all information I give to the David Busby Centre within this application will be shared with the County of Simcoe and the Lucy's Place Selection Committee members, which may include members from Simcoe Community Services, Contact Community Services, Lighthouse Shelter, Guesthouse Shelter, BRAWC, Elizabeth Fry Society and Salvation Army. As well, if I am accepted into the program all information, I give to the David Busby Centre within this application will be shared with Redwood Park Communities (Property Manager).

I understand that this is an application process and this does not guarantee me housing at Lucy's Place.

Please sign here:

Date:

X _____
Applicant's Signature

X _____
Spouse's/co-applicant's Signature

SECTION 7 – CONSENT

I hereby consent to the following agencies and/or person(s) to **exchange (release and collect)** information with the David Busby Street Centre regarding my housing needs:

Simcoe Community Services
The County of Simcoe
Contact Community Services
Salvation Army Barrie

Orillia Christian Centre (Lighthouse Shelter)
Guesthouse Shelter
BRAWC
Elizabeth Fry Society

Redwood Park Communities
(Property Manager)

All information obtained will be kept confidential between the parties specified above.

I understand that identified service providers who work with me or on my behalf will consult with me and/or with each other about my needs. I understand the identified agencies/individuals that I have consented to above will share information about me verbally and/or in writing but only as necessary for them to plan, provide and evaluate the service that I have requested and/or receive.

I understand that this consent is valid during my occupancy at Lucy's Place from the date below:

Print Name of Witness

Name of client/SDM – please print

Signature of Witness

Signature of client/SDM

Date _____

Date _____

****A substitute decision maker (SDM) is a person authorized under PHIPA to consent, on behalf of the individual to disclose personal information about the individual