

## Adult Supportive Housing Application/Referral- Part 1

### Part 1- Applicant Information

**Overview:**

Adult Supportive Housing, also known as domiciliary hostels, are private or non-profit residences that provide long-term housing to vulnerable adults who require some supervision and services to maintain their independence in the residence. Services include: furnished rooms, 24-hour urgent response, medication management, meals and snacks, housekeeping and personal laundry, social and/or recreational activities.

**Read the Instruction Guide found on [lanarkcounty.ca](http://lanarkcounty.ca) before completing the application form. The guide provides detailed information and step by step instruction on how to fill out the application.**

To apply for an Adult Supportive Housing subsidy, a person must complete an application form. The application is divided into two parts:

**Part 1: Applicant Information**

- Part 2: Health Information
- The applicant must consent to the release of information by completing and signing Section 2A of the Health Information form
- **Sections 2B to 2D must be completed by a health care professional** such as a doctor (for example family doctor, psychiatrist, neurologist), nurse or social worker.

If you are unable to print the application (Part 1- Applicant Information and Part 2 - Health Information), you may request a paper copy by e-mailing [ss@lanarkcounty.ca](mailto:ss@lanarkcounty.ca) or by calling 613-613-267-4200, extension 2140 and one will be mailed to you.

**Send the completed application to Lanark County Social Services, Attn: ASH**

Once you have both the Applicant Information (Sections 1A to 1E) and the Health Information (Sections 2A to 2D) completed, submit both forms to Community Supports by e-mail, fax or mail.

E-mail (scan copy): [ss@lanarkcounty.ca](mailto:ss@lanarkcounty.ca)  
Mail/drop off: Lanark County Social Services,  
99 Christie Lake rd.,  
Perth, ON K7H 3C6

## Adult Supportive Housing Application/Referral- Part 1

**Location of Supportive Housing:**

- Address:  Shardon Manor 476 Queen Street, Smiths Falls, ON K7A 5B8
- Victoria House 27 Lombard St., Smiths Falls, ON K7A 4E3
- Paradise Valley 310 Mullett St, Carleton Place, ON K7C 3B8
- Rideau Ferry 1333 Rideau Ferry Rd, Perth, ON K7H 3C7
- Unknown

**Section 1A- Personal information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_ Sex: MALE  FEMALE

Social Insurance Number: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Identify as Indigenous: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version code: \_\_\_\_\_

Currently Homeless: YES  NO  By Name List: YES  NO

Living Conditions: HOMEOWNER  RENTING  OTHER(SPECIFY): \_\_\_\_\_

Residence: \_\_\_\_\_ Apartment/ Unit number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Are you currently living in a provincial institute? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Mailing address if different from residence address:**

Address: \_\_\_\_\_ Apartment/unit number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Adult Supportive Housing Application/Referral- Part 1

### Language (s)

Are you able to communicate in English? YES  NO  Other: \_\_\_\_\_

### Next of kin or emergency contact:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/unit number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Relationship to next of kin: \_\_\_\_\_

### Section 1B- Family composition and living arrangements

Marital Status: Single  Married  Separated  Divorced

Living common-law  Widowed

List all family members living with you including your spouse or common-law partner, dependant children (17 years or younger) and dependant adults (18 years or older) living with you. If not applicable select Not applicable:

#### Spouse/common-law:

Not Applicable:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_

#### Dependant Children:

Not Applicable:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_

## Adult Supportive Housing Application/Referral- Part 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Date of birth (DD/MM/YYYY): \_\_\_\_\_

**Dependant adults:**  
 Not Applicable:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Date of birth (DD/MM/YYYY): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Date of birth (DD/MM/YYYY): \_\_\_\_\_

Additional information/comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Section 1C - Assets</b>		
List all assets for yourself, spouse or common law-partner, dependant children (17 years or younger) or dependant adults (18 years or older) living with you. If not applicable, select N/A "not applicable":		
Assets:	Value/balance:	Asset owner:
Bank account: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Bank account: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Bank account: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Investments (for example bonds, stocks, GIC, RRSP, mutual funds, RRIF): <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>

## Adult Supportive Housing Application/Referral- Part 1

Vehicle: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Pre-paid funeral: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Property: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Life insurance policy <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Trust account: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Other (please specify):  <hr style="width: 200px; margin-left: 0;"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
<b>Total asset value:</b>	\$	Additional information/ comments:
<b>Assets:</b>	<b>Value/ balance:</b>	<b>Assets owner:</b>
Any assets expected in the future?  If, yes please provide details (explain) and enter amount if known:	Yes <input type="checkbox"/> No <input type="checkbox"/>  \$ _____	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>  Additional information/comments:
In the past 12 months, did you or any family members living with you receive any money from the sale of something owned (for example	Yes <input type="checkbox"/> No <input type="checkbox"/>  \$ _____	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>  Additional information/comments:

## Adult Supportive Housing Application/Referral- Part 1

property, jewellery or vehicle) or cash in any assets such as an RRSP or GIC?		
Additional information/ comments:		

<b>Section 1D - Income</b>		
Select the sources of income below that are applicable to you, your spouse or common law-partner, dependant children (17 years or younger) or dependant adults (18 years or older) living with you. If not applicable, select N/A "not applicable":		
Income:	Monthly net Income:	Income owner:
Ontario Works: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Ontario Disability Support Program: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
OAS/GAINS/GIS: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Canadian Pension Plan (CPP): <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Employment earnings: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>

## Adult Supportive Housing Application/Referral- Part 1

Employment Insurance: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Private Pension: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Investment / interest income: <input type="checkbox"/> N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
Other: <input type="checkbox"/> Please specify: _____ N/A: <input type="checkbox"/>	\$	Applicant <input type="checkbox"/> Spouse/common-law <input type="checkbox"/> Dependant adult <input type="checkbox"/> Child <input type="checkbox"/>
<b>Total net income:</b>	\$	Additional information/ comments:

## Adult Supportive Housing Application/Referral- Part 1

### Section 1E - Consent to the following terms of Living in Adult Supportive Housing

Residential Services Homes provide a financial subsidy for long-term housing. These homes offer a residential living environment that is safe and supportive for all residents. In completing this application, I \_\_\_\_\_, have read and understand the following terms of living in the Residential Services Homes:

To be eligible for a subsidy, the person must:

- Voluntarily agree to accept placement.
- Live in a group setting where I will share a room with one or more adults.
- Secure all available source of income to which I may be eligible to receive and to pay monthly rental cost with all monthly source of income minus a maximum Personal Needs Allowance.
- Receive a monthly maximum Personal Needs Allowance.
- Follow residential rules related to cigarette smoking.
- Be able to live in a group setting and display safe, respectful, and non-violent behavior.
- Be able to bathe, dress, take care of one's toileting or qualify for community care services to manage these needs independently.
- Be able to walk and change position or use an assistive device to move and change position independently.
- Manage community outings and transportation arrangements independently (unless services are offered as a part of a rural location).
- Be compliant with prescribed medication/treatment plan and/or be medically stable as determined by a health professional.
- Be compliant with court ordered plan and/or community treatment order.
- Manage alcohol and/or substance use choices responsibly and if applicable, be compliant with a prescribed addiction treatment program.

Signature of applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_



## Adult Supportive Housing Application/Referral- Part 1

### Section 1F - Consent to release personal information

I, \_\_\_\_\_, consent to the collection and release of applicant information about me as it is collected on this form to an authorized representative of the County of Lanark for the sole purpose of determining or verifying my eligibility for the Adult Supportive Housing (Domiciliary Hostel) Program.

Signature of applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, sections 8 and 10. Personal information will be used by the County of Lanark for the purposes of determining eligibility for and the administration of the Adult Supportive Housing Program. Questions about this collection and use of your personal information may be directed to the Administrative Support Clerk at 99 Christie Lake Rd., Perth, Ontario, K7H 3C6, 613-267-4200 ext. 2140.

## Adult Supportive Housing Application/Referral- Part 2

### Part 2- Health Information

**Overview:**

Adult Supportive Housing, also known as domiciliary hostels, are private residences that provide long-term housing to vulnerable adults who require some supervision and services to maintain their independence in the residence. Services include: furnished rooms, 24-hour urgent response, medication management, meals and snacks, housekeeping and personal laundry, social and/or recreational activities.

**Read the Instruction Guide found on [www.lanarkcounty.ca](http://www.lanarkcounty.ca) before completing the application form. The guide provides detailed information and step by step instruction on how to fill out the application.**

To apply for an Adult Supportive Housing subsidy, a person must complete an application form. The application is divided into two parts:

- Part 1: Applicant Information
- **Part 2: Health Information**
- The applicant must consent to the release of information by completing and signing Section 2A of the Health Information form
- **Sections 2B to 2D must be completed by a health care professional** such as a doctor (for example family doctor, psychiatrist, neurologist), nurse, social worker, or caseworker.

If you need help to find a health care professional, you may contact your local community centre.

If you do not have a health care professional, a case manager from the Community Care Access Centre (CCAC), Canadian Mental Health Association (CMHA) or other outreach worker, can complete the Health Information of the application. If you are unable to print the application (Part 1- Applicant Information and Part 2 - Health Information), you may request a paper copy by e-mailing [ss@lanarkcounty.ca](mailto:ss@lanarkcounty.ca) or by calling 613-267-4200, extension 2140 and one will be mailed to you.

## Adult Supportive Housing Application/Referral- Part 2

### Section 2A - Consent to release health information

I, \_\_\_\_\_, consent to the collection and release of personal information about me as it is collected on this form to an authorized representative of the County of Lanark for the sole purpose of determining or verifying my eligibility for the Adult Supportive Housing (Domiciliary Hostel) Program.

Signature of applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, sections 8 and 10. Personal information will be used by the County of Lanark for the purposes of determining eligibility for and the administration of the Adult Supportive Housing Program. Questions about this collection and use of your personal information may be directed to the Administrative Support Clerk at 99 Christie Lake Rd., Perth, Ontario, K7H 3C6, 613-267-4200 ext. 2140.

### Section 2B - Referral Source

Applicant name: \_\_\_\_\_

#### Who is referring and or supporting the applicant with the application?

Family Doctor  Psychiatrist  Neurologist  Nurse  Social Worker

Other  please specify : \_\_\_\_\_

### Referral source information

Agency / name: \_\_\_\_\_

## Adult Supportive Housing Application/Referral- Part 2

Referral completed by: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/unit number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Doctor/Referral source signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

**Section 2C - Medical Information**

**Medical diagnosis** (provide doctor's physical, mental and or developmental diagnosis for example schizophrenia, diabetes):

  
  
  
  
  
  
  
  
  
  

**What are the applicant's limitations?**

<b>Mobility:</b>	
Walking / standing	Independent <input type="checkbox"/> Independent with aids <input type="checkbox"/> Requires assistance <input type="checkbox"/> Should the applicant need assistance, please select all that applies: Walking outside <input type="checkbox"/> Walking inside <input type="checkbox"/> Standing for longer then 15 minutes <input type="checkbox"/> Sitting <input type="checkbox"/> Going up and down the stairs <input type="checkbox"/>
Lifting	In regards to applicants' ability to lift, please select all that applies:

## Adult Supportive Housing Application/Referral- Part 2

	No lifting <input type="checkbox"/> Some lifting for example shopping bags <input type="checkbox"/> Heavy lifting for example 24 cans of cola <input type="checkbox"/>
Gripping	Should the applicant have limitations with the following tasks, please select all that applies: Eating utensils <input type="checkbox"/> Opening lids <input type="checkbox"/>
Reaching up	Should the applicant have limitations with the following tasks, please select all that applies: Above shoulders <input type="checkbox"/> Items from cupboard <input type="checkbox"/>
Bending, twisting / repetitive movement	Should the applicant have limitations with the following tasks, please select all that applies: Making a bed <input type="checkbox"/> Picking items on the floor <input type="checkbox"/> Folding laundry and or putting away clothes <input type="checkbox"/> Sweeping / moving / vacuuming / washing floors <input type="checkbox"/>
Specify if adaptive aids would help with any of the tasks, for example bath aids. Please specify:  Additional information / comments:	

<b>Personal Care</b>	
Dressing	Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Cueing <input type="checkbox"/> Should the applicant need assistance, please select all that applies: Putting on footwear <input type="checkbox"/> Buttoning a shirt/pant <input type="checkbox"/>
Bathing / other	Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Cueing <input type="checkbox"/> Should the applicant need assistance, please select all that applies: Getting in and out of the shower/tub <input type="checkbox"/> Standing in shower <input type="checkbox"/>
Incontinence / bladder	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, is applicant independent with use of products/supplies? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Adult Supportive Housing Application/Referral- Part 2

Incontinence / bowel	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, is applicant independent with use of products/supplies? Yes <input type="checkbox"/> No <input type="checkbox"/>
Special needs	Speech <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other <input type="checkbox"/> Details:

<b>Dietary Requirements:</b>	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Details:
Special dietary requirements	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Details:
Any other limitations?	Comments:

<b>Section 2D- Additional Medical Information</b>	
Social history / presenting problem:	
Does the applicant have a substitute decision maker?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Details:
Has the applicant been deemed incompetent? If yes, please provide details/contact information regarding Public Guardian and Trustee, Power of Attorney for example	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Details:
Is the applicant receiving any community support services? (for example CCAC, ACT, CMHA)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  If yes, provide details / contact information:
Does the applicant have a substance use?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes- Past <input type="checkbox"/> If yes, provide details:
Does the applicant have:	

## Adult Supportive Housing Application/Referral- Part 2

<ul style="list-style-type: none"> <li>• Community Treatment Order?</li> <li>• Court disposition order?</li> <li>• Criminal involvement?</li> <li>• Probation/parole?</li> <li>• Probation parole officer?</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes <input type="checkbox"/></td> <td style="padding: 0 10px;">No <input type="checkbox"/></td> <td style="padding: 0 10px;">Unknown <input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">Yes <input type="checkbox"/></td> <td style="padding: 0 10px;">No <input type="checkbox"/></td> <td style="padding: 0 10px;">Unknown <input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">Yes <input type="checkbox"/></td> <td style="padding: 0 10px;">No <input type="checkbox"/></td> <td style="padding: 0 10px;">Unknown <input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">Yes <input type="checkbox"/></td> <td style="padding: 0 10px;">No <input type="checkbox"/></td> <td style="padding: 0 10px;">Unknown <input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">Yes <input type="checkbox"/></td> <td style="padding: 0 10px;">No <input type="checkbox"/></td> <td style="padding: 0 10px;">Unknown <input type="checkbox"/></td> </tr> </table> <p style="margin-top: 10px;">If yes to any of the above please provide details:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>														
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>														
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>														
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>														
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>														

<b>Signs and symptoms of the illness based on the medical diagnosis Select the applicable areas listed below and provide details</b>	
Area:	Details:
<input type="checkbox"/> Anxiety <input type="checkbox"/> not applicable	
<input type="checkbox"/> Aggression <input type="checkbox"/> not applicable	
<input type="checkbox"/> Apathy <input type="checkbox"/> not applicable	
<input type="checkbox"/> Anxiety <input type="checkbox"/> not applicable	
<input type="checkbox"/> Cognitive <input type="checkbox"/> not applicable Functioning	
<input type="checkbox"/> Communication <input type="checkbox"/> not applicable applicable	
<input type="checkbox"/> Delusional thinking <input type="checkbox"/> not applicable	
<input type="checkbox"/> Depression <input type="checkbox"/> not applicable	
<input type="checkbox"/> Inappropriate Sexual Behaviour <input type="checkbox"/> not applicable	

**Adult Supportive Housing Application/Referral- Part 2**

<input type="checkbox"/> Obsessive/compulsive behaviour <input type="checkbox"/> not applicable	
<input type="checkbox"/> Paranoia <input type="checkbox"/> not applicable	
<input type="checkbox"/> Safety issues <input type="checkbox"/> not applicable	
<input type="checkbox"/> Suicidal thoughts/behaviours <input type="checkbox"/> not applicable	
<input type="checkbox"/> Wandering/confusion <input type="checkbox"/> not applicable	
<input type="checkbox"/> Other	

<b>Current Medication:</b>	
<b>Name of Medications:</b>	<b>Dosage / Frequency (for example; daily, weekly, monthly)</b>
<b>Current pharmacy name and location:</b>	



**Adult Supportive Housing Application/Referral- Part 2**

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<b>Hospitalizations (over the past 2 years)</b>			
<b>Date of Admission</b>	<b>Duration</b>	<b>Institution</b>	<b>Presenting problem</b>

**LANARK  
COUNTY**  
SOCIAL SERVICES

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**Adult Supportive Housing  
Consent to Exchange Information**

I

\_\_\_\_\_  
**CLIENT NAME**

Give consent for the Lanark County Social Services to exchange information with the following:

**Hostel Provider:**

- Shardon Manor 476 Queen Street, Smiths Falls, ON K7A 5B8
- Victoria House 27 Lombard St., Smiths Falls, ON K7A 4E3
- Paradise Valley 310 Mullet St, Carleton Place, ON K7C 3B8
- Rideau Ferry 1333 Rideau Ferry Rd, Perth, ON K7H 3C7

**Family Member(s):** \_\_\_\_\_

\_\_\_\_\_  
**Client Initials**

**Income Source:** \_\_\_\_\_

\_\_\_\_\_  
**Client Initials**

**Support Agency:** \_\_\_\_\_

\_\_\_\_\_  
**Client Initials**

**Other:** \_\_\_\_\_

\_\_\_\_\_  
**Client Initials**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Consent:** I give permission for Lanark County Social Services to contact any agency, person, business or organization and exchange information regarding this request. I am aware that the information will be collected and provided in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the administration of this program. I give permission for Lanark County to enter and store my personal information in the HIFIS database; I understand that this information will be provided to HRSDC for the purposes of policy analysis, research and evaluation of policies and programs respecting homelessness in Canada.

**LANARK  
COUNTY**  
SOCIAL SERVICES

**Adult Supportive Housing  
Income & Asset Declaration**

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

- Hostel:**
- Shardon Manor 476 Queen Street, Smiths Falls, ON K7A 5B8
  - Victoria House 27 Lombard St., Smiths Falls, ON K7A 4E3
  - Paradise Valley 310 Mullett St, Carleton Place, ON K7C 3B8
  - Rideau Ferry 1333 Rideau Ferry Rd, Perth, ON K7H 3C7

Income Source	Monthly Income Amount
	\$
	\$
	\$
<b>Total Monthly Income:</b>	\$
<b>Total Assets:</b>	\$

**Client Declaration:**

I, \_\_\_\_\_, declare that the above listed income is the only income that I receive on a monthly basis. I declare that I do not have assets over \$5000. I understand that it is my responsibility to immediately report any changes in my income as they will affect my eligibility and entitlement for the adult supportive housing program. I am aware that the information will be collected and provided in accordance with the Privacy Act and will be used for the administration of the Adult Supportive Housing Program.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**LANARK  
COUNTY**  
SOCIAL SERVICES

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**Consent for the Release of Information**

I/We, the undersigned authorize and agree to the release and exchange of information to an authorized representative of the Lanark County Social Services.

This consent will allow for the sharing of written and verbal information as it relates to determining initial and ongoing eligibility for the various programs of the department of Social Services, including, but not limited to, Ontario Works, Children's Services, Community Support Services (CSS) and Housing Services.

I/We also understand that it is not mandatory to sign this consent form.

I/We understand that personal information will not be disclosed to any other party except in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, or as otherwise required or permitted by law.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

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

I/We have read the Consent as outlined above and declare it clearly understood.