



## SUPPORTIVE HOUSING WAIT LIST APPLICATION FORM

**The completion of this application form is ONLY for the purposes of expressing your desire to be added to the Wait List for supportive housing with Peel Cheshire Homes Brampton. Please forward your completed application to the attention of the Residential Operations Manager, Maria Tagorda at [maria@cheshirebrampton.com](mailto:maria@cheshirebrampton.com).**

**In the event**, an opening becomes available you will be contacted. A far more extensive application process would be completed with you at that time to determine your eligibility and suitability for our services.

**Please be advised**, we are unable to provide any kind of timeline for how long you may main remain on the waiting list. This is home for our Residents, and we expect them to live here for many years, unless their medical condition changes and we are no longer in the position to provide the increased support they require.

**Please note**, that it is your responsibility to inform us of any change of contact information and/or whether you wish to be removed from the waiting list. We will check in with your periodically to determine whether you wish to remain on the wait list.

Please check  and make sure you meet the following eligibility requirements before you complete the application. Please be advised, that if you do not meet all of the eligibility requirements listed below we would be unable to accept your application for supportive housing in the future.

- You have a valid Ontario Health Card
- Your are at least 16 years of age
- You have a Permanent Physical Disability and require Physical Assistance with activities of daily living such as: bathing, dressing, transferring and toileting
- You must be able to clearly direct your own services
- You must be able to have your health needs met by the existing community health network on a visitation basis.

Referral Source (Social Worker, Self, Guardian, etc.):

Referral Source Name:

Referral Contact Phone Number:

Date of Application:

Name of Applicant:

Home Phone Number:

Alternate Phone Number:

Current Full Address:  
(please provide name of hospital or agency if applicable)

Date Of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: Male (  ) Female (  )

What is your disability?

How long have you had your disability?  
(  ) since birth  
(  ) acquired (i.e. MS) Date: \_\_\_\_\_  
(  ) trauma (i.e. brain injury) Date: \_\_\_\_\_

Is your disability likely to:  
(  ) improve  
(  ) deteriorate  
(  ) remain stable

Do you require nursing services? Yes (  ) No (  )

If yes, please explain required services and whether you are currently receiving such services at your place of residence and by which community service agency:

Are you able to direct your own care? Yes (  ) No (  )

How do you best communicate?

Do you have an advocate that you give permission for us to speak with on your behalf? Yes ( ) No ( )

If yes, Name of Advocate:

Telephone No:

**Declaration, Consent to Disclosure of Applicant Information and Release From Liability**

I, \_\_\_\_\_ of \_\_\_\_\_  
Applicant or authorized representative's name City and Province

declare that the information contained in this application is complete and correct to the best of my knowledge, and that this is an expression of my desire to be placed on the Peel Cheshire Homes Brampton (PCH) waiting list for supportive housing. I acknowledge that in no way does this imply that I have been accepted by PCH for supportive housing.