Referral form for a studio at Kwé 55

57 Saint-Jean-Baptiste Boulevard, Châteauguay

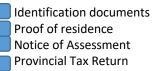
Before completing this form you must confirm that the applicant agrees with the building regulations:

- It will be forbidden to smoke in the studios and common areas (space is provided outside)
- Children cannot sleep and live on site
- Pets are not allowed

The applicant has lived in Québec or Kahnawake for at least 6 months. In your opinion, the applicant is autonomous on his own or with the help and support of your organization.

The purpose of the document is to prepare for the selection interview and determine the autonomy and eligibility of individuals to live at KWÉ 55.

Please attach the following documents:



Referring organization			
Kahnawake Social Services	Sourire sans fin		
Elan des jeunes	FROHME		
CISSSMO	Other		
ORH Roussillon			

GENERAL INFORMATION

Last name: ______ First name: _____

Age: _____ Occupation: ______

Address:	_Tel:
Email:	
Marital status: Single In a relationship With custody of (a) child(ren): if yes, nb	:
Do you have pets? Specify:	
Legal status: Canadian citizen Permanent resident Refugee claimant	
Member of the Kahnawake community	

CURRENT HOUSING SITUATION (Check the boxes that apply)

Homeless	Departed due to separation
In a shelter	Expected to lose housing
Evicted from a dwelling	Other

lease provide details of t	ne situation:			

LEGAL ISSUES	
Have you been charged with a misdemeanor or felony in the last two years?	
Yes No	

Check the legal measures that apply to you: Treatment order Accommodation order Probation officer Administrative Tribunal of Québec
Probation officer Administrative Tribunal of Québec
Restraining order with
If yes, specify:

CONSUMPTION AND ADDICTION HABIT					
Specify the substances and qu	antity or type of activit	ty and number of	hours per day		
Smoking/vaping	Yes	No			
Gambling/lottery	Yes	No			
Alcohol	Yes	No			
Drugs/medicine	Yes	No			
Specify:					
Explain what impact your consu	umption and dopondon	cios could have lo	n vour poighbours in th	a building and your abili	tv to
keep and maintain your home:	imption and dependent				ίγιο

APPLICANT HYGIENE AND ACTIV	ITIES OF DAILY A	ND DOMESTIC LIVING		
APPLICANT HYGIENE:				
Do you have the basic necessities (soap, shampoo) to wash y Do you have access to a shower, sink, bath, etc. to wash your Are you satisfied with your personal hygiene?		YesNoSometimesYesNoSometimesYesNoSometimes		
HOUSING HYGIENE:				
In your opinion, is your accommodation clean? Do you find that your space is cluttered?	Yes Yes	No No		
How often do you wash your clothes?				
Do you have access to laundry soap, a washer, and a dryer to wash your clothes?				
	Yes	No		
CLOTHING:				
Do you have enough suitable clothing for each season?	Ye	s 🗌 No		
FEEDING:				
How many meals do you have per day?				
Are you satisfied with your diet? Yes No Specify:				
Social worker's observations and comments:				

PHYSICAL AND MENTAL HEALTH

Do you suffer from a mental health problem? If so, please or other residents of the building and keep your home. What n		
Do you have physical health problems that require special a	ccommodation arr	angements?
If yes, specify:		
Have you ever thought about dying?	Yes	No
Have you ever injured yourself voluntarily?	Yes	No
Have you ever shown aggression towards others?	Yes	No
See other forms		
*If yes to any of these questions, apply the organization's su	iicidal risk procedu	re.

FINANCIAL MANAGEMENT			
Income			
Does your income come from: Socia	al assistance (with	or without severe employ	ment limitations) Employment
Employment Rég	ie des rentes	Salary insurance	Other:
Are your income tax returns up to date?		Yes No	
Do you have your provincial income tax ret	curn for the current	t year? Yes	No
(If yes, send a copy with this referral form)			
How do you manage your budget?			
Alone Managed by a third pa Other:	arty Prot	tective Supervision (guard	ianship) Trust
Do you have debts? Yes	S No		
Comment:			
Information collected by:			
Signature and professional designation:			Date:

I confirm that the information provided is accurate and I agree that my information will be shared with KWÉ 55 professionals.
I also confirm that the concept of confidentiality has been explained to me and that I agree with it.
I understand and agree with the building regulations of KWÉ 55.
I understand that smoking will be prohibited in the studio and building if I am granted a studio.
I agree to an interview to submit my application and I understand that a studio is not guaranteed.
User's signature: Date:

You can send the documents and the form to

P.O. Box 28 Mercier, Quebec J6R 2K6

Or by email

Infokwe55@frohme.org



Admission trajectory

For transitional housing Le 55

Stage	What to do?	What to complete/analyze?	By who?
1	The referral	Referral Form	Referrer at partner organization
2	The interview	Interview Form	Transitional housing attendant <i>Le 57</i>
3	Selection Committee	Analysis of the interview form	Selection Committee

