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:

☐ Identification documents
☐ Proof of residence
☐ Notice of Assessment
☐ Provincial Tax Return

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 _____ ☐

Please provide details of the situation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

LEGAL ISSUES

Have you been charged with a misdemeanor or felony in the last two years?

☐ Yes ☐ No

If so, specify? _____

Check the legal measures that apply to you: ☐ Treatment order ☐ Accommodation order
☐ Probation officer ☐ Administrative Tribunal of Québec
☐ Restraining order with_____

If yes, specify: _ _____

CONSUMPTION AND ADDICTION HABIT

Specify the substances and quantity or type of activity 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 consumption and dependencies could have on your neighbours in the building and your ability to keep and maintain your home:

_____
_____
_____
_____

APPLICANT HYGIENE AND ACTIVITIES OF DAILY AND DOMESTIC LIVING

APPLICANT HYGIENE:

Do you have the basic necessities (soap, shampoo) to wash yourself? ☐ Yes ☐ No ☐ Sometimes

Do you have access to a shower, sink, bath, etc. to wash yourself? ☐ Yes ☐ No ☐ Sometimes

Are you satisfied with your personal hygiene? ☐ Yes ☐ No ☐ Sometimes

HOUSING HYGIENE:

In your opinion, is your accommodation clean? ☐ Yes ☐ No

Do you find that your space is cluttered? ☐ Yes ☐ No

CLOTHING HYGIENE:

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? ☐ Yes ☐ 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 describe the impact this could have on your ability to live with other residents of the building and keep your home. What measures would be needed from us to support you?

_____

_____

_____

_____

Do you have physical health problems that require special accommodation arrangements? _____

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 suicidal risk procedure.

FINANCIAL MANAGEMENT

Income

Does your income come from: Social assistance (with or without severe employment limitations) Employment Insurance

Employment Régie des rentes Salary insurance Other: ____

Are your income tax returns up to date? Yes No

Do you have your provincial income tax return for the current year? Yes No

(If yes, send a copy with this referral form)

How do you manage your budget?

Alone Managed by a third party Protective Supervision (guardianship) Trust

Other:_____

Do you have debts? Yes 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:_____
aaaa/mm/jj

You can send the documents and the form to

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

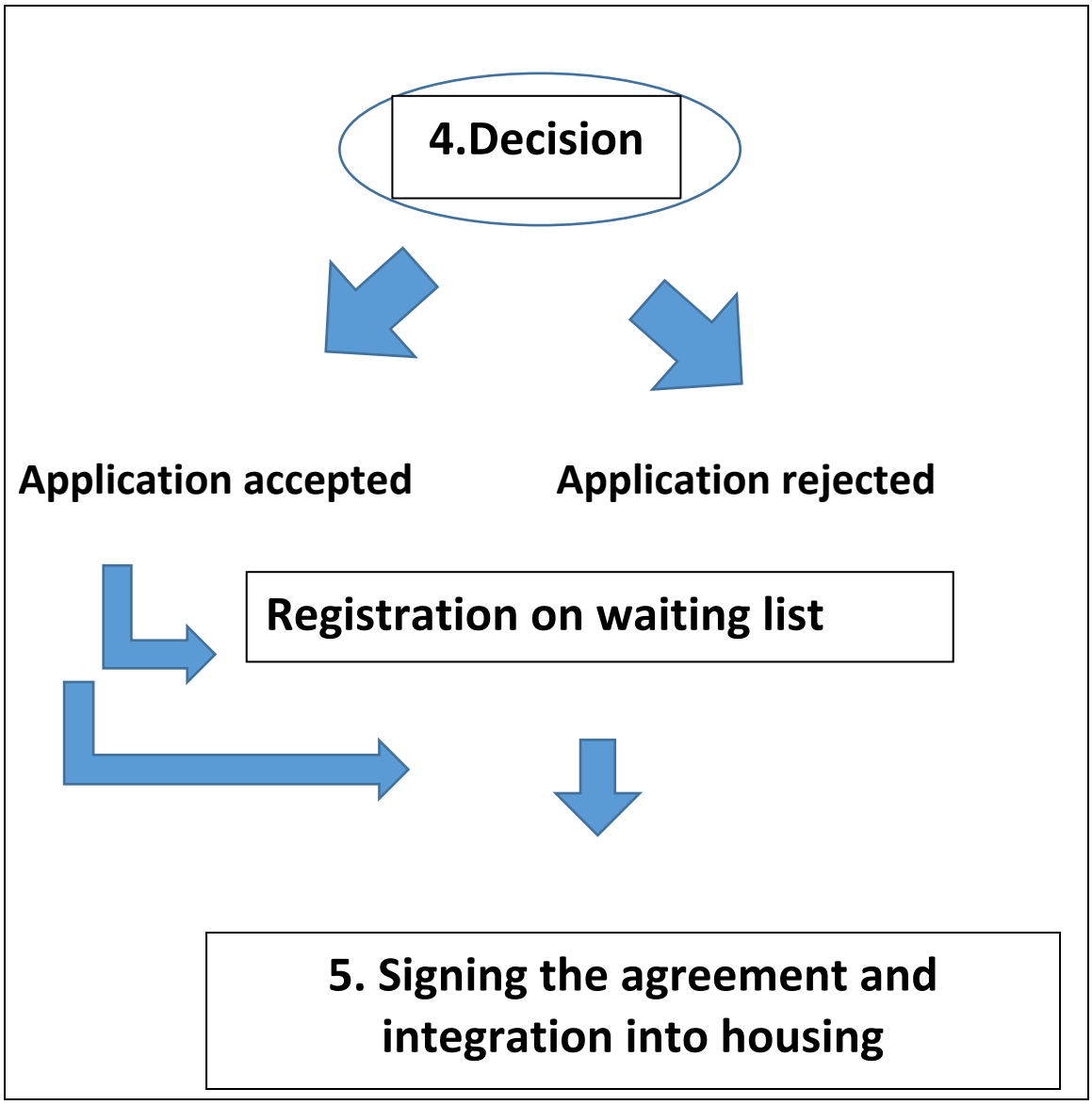
Or by email

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 *Le 55*
3	**Selection Committee**	Analysis of the interview form	Selection Committee


4.Decision
Application accepted
Application rejected
Registration on waiting list
5. Signing the agreement and integration into housing