

Date **YYYY/MM/DD**

The Housing and Community Outreach Services Unit (HCOS) provides case management and outreach supports to vulnerable individuals with histories of experiencing homelessness and housing instability. Individuals can self-refer or be referred by other support agencies provided there is a demonstrated need for ongoing services, and they are not adequately served by other community or government providers.

HCOS is able to offer the following services:

- Case planning and case management
- Assistance with finding and maintaining housing
- Assistance with developing independent living skills
- Referrals to other services and supports (e.g., medical services, mental health and addiction services, employment services)

Applicant eligibility

Please read the following statements and check all that apply;

- I am currently homeless and have a history of experiencing homelessness and/or housing instability
- I have a complex mental, physical or cognitive health need, and/or addiction challenges
- I need outreach supports as I am not adequately supported by any other service or government provider(s)
- I need ongoing outreach supports to maintain a successful tenancy and independence in the community

REFERRAL SOURCE

Type of referral <input type="checkbox"/> Self-referral <input type="checkbox"/> Agency referral		Name of person making referral (if applicable)	
Referring agency (if applicable)	Referring agency phone	Referring agency email	

Do you give your consent to the referring agency (if applicable) to share information with the Housing and Community Outreach Services Unit? Yes No

APPLICANT PERSONAL INFORMATION

First name	Last name	Date of birth YYYY/MM/DD	Gender identity
------------	-----------	------------------------------------	-----------------

Contact information (telephone, email, address (if any), or emergency contact info)

Is HCOS able to leave a message for you at the above location? Yes No

If no fixed address or contact method available, please provide possible locations and times we may be able to reach you: _____

Is HCOS able to leave a message for you at this location? Yes No

Household type: Single Couple Family with children (# of children) _____

Are you a member of a Yukon First Nation? Yes No Do not wish to answer

If yes, which First Nation: _____

Do you identify as an Indigenous person of Canada? Yes No Do not wish to answer

Where do you receive your income from? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Part-time employment |
| <input type="checkbox"/> INAC social assistance | <input type="checkbox"/> Employment Insurance (E.I.) |
| <input type="checkbox"/> Yukon First Nation social assistance | <input type="checkbox"/> Pension (CPP/OAS, CPPD, YSIS, other) |
| <input type="checkbox"/> Government of Yukon social assistance | <input type="checkbox"/> Youth Agreement |
| <input type="checkbox"/> I do not receive any income | <input type="checkbox"/> Other, specify: _____ |

Please describe your current housing situation:

In the past 90 days, where have you normally slept? (Check all that apply)

- Outdoors and/or in a place not intended for human habitation (i.e.: bank lobbies, vehicle, tent, etc.)
- Emergency shelter
- Friend or relative's place
- Hospital, treatment facility or withdrawal management (detox)
- Correctional facility, group home or transitional housing unit
- Hotel
- House, condo, apartment or mobile home where you are named on the lease agreement
- Other, specify: _____

In the **past 12 months** have you... (check all that apply)

- Experienced homelessness for 6 months or longer? (i.e., chronic homelessness) Yes No Do not wish to answer
- Experienced 3 or more periods of homelessness? (i.e., episodic homelessness) Yes No Do not wish to answer

Are you currently experiencing any mental health challenges (i.e.: depression, anxiety, bi-polar disorder, psychosis, etc.)? Please describe:

Are you currently experiencing any addiction or substance use challenges? Please describe:

Do you have a cognitive health concern (i.e.: learning disability, FASD, memory loss, etc.)? Please describe:

Are you connected with a doctor or clinic? Yes No

If YES, do you give your consent for that clinic or doctor to share information with the Housing and Community Outreach Services Unit? Yes No

Have you ever been diagnosed with a medical condition or disease? Please describe:

Are you currently taking any medications? Please describe:

Do you have any allergies? Please describe:

Do you have any chronic or urgent medical concerns you need support with? Please describe:

Are you receiving services or supports from anyone else in the community? (This can include health care professionals, social workers, community supports, etc.) Yes No

If yes, check all that apply:

- Mental Wellness and Substance Use Services
- Salvation Army
- Home Care (i.e.: Government of Yukon or First Nation home support)
- Victim Services
- Adult Protection/Senior Services
- Referred Care Clinic
- Blood Ties Four Directions
- FASSY
- Victoria Faulkner's Women Centre
- Adult Disabilities Services
- Other services or supports: _____

Do you give your consent to the service providers listed above to share information with the Housing and Community Outreach Services Unit? Yes No

What supports do you need from HCOS? Describe:

SIGNED STATEMENT AND CONSENT TO SHARE INFORMATION

- I am providing personal information about myself in order to be considered for housing and community outreach services.
- I understand that my information may be shared between the Housing and Community Outreach Services Unit, other Health and Social Services Department program areas, or other housing support providers to ensure I am receiving services that will best meet my needs.
- My personal information is collected under Yukon's *Health Information Privacy and Management Act*. My personal information will be used by Health and Social Services for the purposes of case management. All information is collected, used, and shared only as permitted by law.
- This consent remains effective from the date of signing for a period of one year.
- I acknowledge that additional assessments or information may need to be collected to ensure I am matched with the most appropriate services.
- I understand that every effort will be made to contact me once this application is received by the Housing and Community Outreach Service Unit. However, if I am unable to be reached or no longer wish to receive services, my application for services may be closed.

Applicant signature

YYYY/MM/DD

Date

Witness signature

YYYY/MM/DD

Date

WITHDRAWING CONSENT:

At any time, you may withdraw or limit your consent to any or all collections, uses, and/or disclosures (sharing) of your information from the date of the request onward. If you wish to withdraw or limit your consent please speak to a member of HCOS team, as it may affect our ability to provide you with services. More information about Health and Social's information practices can be found at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca

SUBMIT COMPLETED APPLICATION FORMS TO:

Housing and Community Outreach Services Unit (H-4)
3168-3rd Ave
Whitehorse, YT Y1A 1G3

or via fax to 867-393-6278