

TENANT APPLICATION FORM

This form is used to refer individuals who are currently experiencing homelessness to receive supportive housing and meals through Home First Winnipeg Inc. at our 390 Ross Avenue facility



*Please complete all sections and answer all questions. If there is a question that does not apply, please mark as N/A.
Note: Incomplete applications may not be considered.*

Basic Information

Referred Applicant's Name

Alias

Pronouns He/Him She/Her They/Them

Applicant's Current Address

Applicant's Contact Info

Referring Agent's Name

Agent's Contact Number

Referring Agency/Relationship

Agent's Email Address

Is the applicant 18+ years of age?

Yes No

Is the applicant in need of a mobility accessible unit?

Yes No

Does the applicant agree to monthly unit inspections ?

Yes No

Does the applicant understand that they must opt into our meal program?

Yes No

Have the House Rules been provided to and explained to the applicant?

Yes No

Does the applicant understand this is permanent housing with a 1 year lease

Yes No

Does the applicant understand 390 Ross does not require sobriety and that some tenants use substances?

Yes No

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Home First Winnipeg Inc
390 Ross Avenue
Winnipeg, MB R3A 0M8



Housing History - Judicial History

Is the applicant currently housed?

Yes No

Please provide details including housing information for the past 3 years and a description of where the applicant currently sleeps

Does the applicant have the ability to maintain a suite, ie do laundry/dishes, take out garbage, general cleaning

Yes No

If no, please list and describe the challenges they may face

Does the applicant have a history of hoarding?

Yes No

Has the applicant had involvement with the justice system?

Yes No

If yes, please provide details including description of charges, convictions and sentences, approximate date and parole officers name and contact information

Does the applicant currently have an active protection order or peace bond?

Yes No

If yes, please provide details and include expiration date

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Community and Social Supports

Does the applicant currently have any community or social services supports?

Yes

No

If yes, please list all agencies and supports below. **Include expected frequency of on site visits**

1. Agency

Phone #

Please list description of supports that continue to be provided if applicant becomes a tenant at 390 Ross

Direct Support Workers Name

Supervisors Name

2. Agency

Phone #

Please list description of supports that continue to be provided if applicant becomes a tenant at 390 Ross

Direct Support Workers Name

Supervisors Name

3. Agency

Phone #

Please list description of supports that continue to be provided if applicant becomes a tenant at 390 Ross

Direct Support Workers Name

Supervisors Name

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Health

Health History - Please list any current or chronic health concerns

Is the applicant currently receiving treatment for any of the above mentioned?

Yes No

Mental Health History - Please list any current or chronic mental health concerns

Is the applicant currently receiving treatment for any of the above mentioned?

Yes No

Has the applicant ever received or are you eligible for Home Care?

Yes No

If yes, which services?

If no,

Is the applicant open to receiving Home Care?

Yes No

Does the applicant have a history of substance use?

Yes No

Current Use

Past Use

Length of Sobriety, if applicable

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Income - Additional Information

Does the applicant receive EIA or EIA Disability?

Yes No

EIA Case Number

Phone Number

Does the applicant have any other sources of income

Yes No

Details

Is the applicant under Public Trustee?

Yes No

If yes:

Public Trustee's Name

Phone Number

Case Number

Email Address

Emergency Contact Information

Emergency Contact Name

Phone Number

Relationship

Address

Next Of Kin Information

Next of Kin Contact Name

Phone Number

Relationship

Address

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Is there any other information the applicant would like us to know?

Is there any other information the referring agent would like us to know?

Referring Agent's Signature

Date

Applicant's Signature

Date

Please submit completed application forms to Home First Winnipeg Inc. 390 Ross Avenue,
Winnipeg Manitoba R3A 0M8 or by email: info@homefirstwinnipeg.ca

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Consent for Release of Confidential/Personal Information

Applicant's Name

Date of Birth

Manitoba Health Card Number

PHIN Number

I hereby authorize Home First Winnipeg Inc. (HFW), to release and/or obtain information from the following agencies/persons listed below, as well as those that I have added under "other" herewith:

Winnipeg Fire Paramedic Services Crisis Unit - Mobile Crisis Unit - Addiction Treatment Programs - Employment and Income Assistance - Primary Care Providers - Other funding source if applicable/Public Trustee - Community Agencies & Support Services Parole/Justice/Lawyer (if applicable)

Winnipeg Regional Health Authority/Shared Health Downtown Community Safety Partnership (DCSP)

Emergency Contact and Next of kin (as listed on my application form)

Other:

I have crossed out and initialed any agency/person that I do not give my consent to share information with that is listed above.

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA), I authorize Home First Winnipeg Inc. to disclose or obtain relevant Personal Health information to the agencies listed above for the purpose of my care.

I recognize that information may be shared, as required, within Home First Winnipeg Inc. In addition, confidential information will be shared without written consent if child abuse is suspected, records are subpoenaed, or clients are felt to be a threat to their own or another individual's health and/or safety.

I hereby waive any and all claims against Home First Winnipeg Inc., employees and agents for all purposes whatsoever arising from the disclosure of this information.

I understand and agree to have my picture taken for the purpose of identification within HFW and its partnering agencies

I acknowledge that this consent form has been explained to/read to me by an authorized HFW staff member and that I had the opportunity to ask any questions or remove the consent for anyone listed on this document. I understand that this consent may be withdrawn or modified at any time by providing notice in writing.

Applicant's Signature

Date

Referring Agent's Signature

Date