



**Independent
Living Centre**
of WATERLOO REGION

APPLICATION FOR SUPPORTIVE HOUSING
24 HOUR PROJECT

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ Phone (Work): _____

Date of Birth: Month / Day / Year Gender: F M Marital Status: _____

Ontario Health Insurance Number (Health Card): _____

Type of Disability: _____

Date of Onset: _____

How do you perceive your medical condition and its future implications?

Improving Stable Worsening Varying

Home Support Services Used in the Last Year:

FAMILY/FRIENDS
Name _____
Name _____
Contact Person _____

VISITING NURSE
Agency _____
Agency _____
Contact Person _____
Contact Person _____

HOMEMAKERS
Agency _____
Agency _____
Contact Person _____
Contact Person _____

MEALS ON WHEELS
Agency _____
Agency _____
Contact Person _____
Contact Person _____

HOSPITAL OR LONG-TERM CARE FACILITY

Current Community Involvements:

Physical Assessment:

Code: 1 - Functioning Okay 2 - Requires Mechanical Aid 3 - Problem

Eye Sight	1	2	3	_____
Hearing	1	2	3	_____
Communication	1	2	3	_____

Functional Assessment:

Code: 1 - Independent 2 - Some Assistance Required 3 - Complete Assistance Required

Indoor Mobility				
With Mechanical Aids	1	2	3	_____
Without Mechanical Aids	1	2	3	_____
Stairs	1	2	3	_____
Wheelchair	1	2	3	_____
Outdoor Mobility				
With Mechanical Aids	1	2	3	_____
Without Mechanical Aids	1	2	3	_____
Stairs	1	2	3	_____
Wheelchair	1	2	3	_____
Transfers				
With Mechanical Device	1	2	3	_____
Without Mechanical Device	1	2	3	_____
Dressing	1	2	3	_____
Turn in Bed	1	2	3	_____

Code: 1 - Independent 2 - Some Assistance Required 3 - Complete Assistance Required

Reposition in Chair 1 2 3 _____

Washroom Assistance 1 2 3
Bladder Continent Incontinent
Bowel Continent Incontinent

Please list procedures for bladder/bowel care including equipment used and indicate level of assistance required

Personal Hygiene

Shower/Tub 1 2 3 _____
Sponge Bath 1 2 3 _____
Care for Skin Breakdown 1 2 3 _____
Personal Grooming
Hair 1 2 3 _____
Teeth 1 2 3 _____
Shaving 1 2 3 _____

Meal Preparation

Breakfast 1 2 3 _____
Lunch 1 2 3 _____
Supper 1 2 3 _____

Eating 1 2 3 _____

Please state how housekeeping, laundry and grocery shopping are currently being managed

Housekeeping 1 2 3 _____
Laundry 1 2 3 _____
Grocery Shopping 1 2 3 _____

What has changed in your current situation that caused you to apply for Supportive Housing 24 Hour Project services?

Is there any other information you can provide? _____

Are you currently receiving insurance payments or benefits for personal support and homemaking services as a result of a physical disability at a level sufficient for your assessed service requirements?

Yes No

Please number projects in order of preference

- _____ **Mooregate** Supportive Housing
- _____ **Shamrock** Co-operative Supportive Housing
- _____ **University of Waterloo** Supportive Housing
- _____ **Cambridge** Supportive Housing

Person Completing This Form (If not applicant)

Name _____

Address _____ Phone _____

I confirm to the best of my ability that the above information accurately reflects my situation.

Signature of Applicant _____ **Date** _____

Please return completed form to

Independent Living Centre
of Waterloo Region
Program Support
127 Victoria Street South, Suite 201
Kitchener N2G 2B4



**Independent
Living Centre**
of WATERLOO REGION

INDEPENDENT LIVING CENTRE OF WATERLOO REGION

127 Victoria Street South, Suite 201, Kitchener, Ontario N2G 2B4

(519) 571-6788

RELEASE OF INFORMATION

I, the undersigned, hereby authorize the Independent Living Centre of Waterloo Region to exchange relevant information with health care and home support professionals, and where applicable the North Waterloo Housing Authority, the landlord, and any family members, for the purpose of determining eligibility, providing service and making referrals.

Name: _____

Address: _____

Phone: _____ Date: _____

Signature: (Applicant/Guardian): _____

Witness: _____