



Medicine Hat Community Housing Society

## Transitional Housing Application

### Personal Information

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date  Male  Female

### Current Address

(Street Address)	<input type="text"/>
(City)	<input type="text"/>
(Province)	<input type="text"/>
(Postal Code)	<input type="text"/>

Current Home Phone	Current Work Phone
<input type="text"/>	<input type="text"/>

Do you pay rent or room and board for your current accommodations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", how much do you currently pay?	\$ <input type="text"/>	per day

### Past Residency

Have you ever applied for Transitional Housing with MHCHS?

No  Yes  When

How long have you lived in Medicine Hat?

Where have you been staying the last six months?

Describe the circumstances which brought you to your present situation.

How do you believe that the Transitional Housing Program can help you?

### Income - Employment - Education

What is your source of income?	<input type="text"/>
Amount per month	<input type="text"/>

List your three latest employment experiences

From	To	Employer	Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe your employment skills or trades

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Describe the highest level of education you have received

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Do you have a vehicle? Yes  No

Do you have a valid driver's license? Yes  No

### Health Information

Are you currently under a doctor's care?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Doctor's Name		Doctor's Contact #			
Brief description of the nature of your health problem					
Are there any other health issues, past or present, that we should know about?					

### Addictions

Substance	Frequency of Use			When Last Used					
	Little	Lots	None	1 day	1 wk	1 mo	3 mo	6mo	1 yr +
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talwin & Ritalin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Indicate prescription medication here:**

Describe any treatment programs you have been involved in including last treatment

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### Emergency Contact Information

Please provide information of someone we may contact in the event that you incur an emergency.

Name			Relationship to Applicant:	
Address				
City				
Province		Postal Code		
Day Phone		Evening Phone		

I declare that, to the best of my knowledge, all the above information is true and I agree to abide by the Rules and Expectations of the Transitional Housing Program. I understand that the deliberate falsification of information may result in refusal for entry, or my expulsion from, the Transitional Housing Program and my tenancy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Police Record**

Do you have/have you had any issues with the law? If yes, please explain.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have any outstanding warrants or fines?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is the nature of your outstanding warrants?

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Are you on parole?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Parole officer	
Are you on probation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Probation officer	
					Contact #	

Will you authorize us to do a criminal record search?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I hereby consent that any and all information pertaining to a criminal record registered in my name with the national repository for criminal records in Canada may be provided to authorized persons of the Medicine Hat Community Housing Society. I further agree to absolutely release, discharge, and absolve the Medicine Hat Community Housing Society and its employees from all claims, losses or damages, including indirect or consequential, occasioned by me during or as a result of any investigation for a criminal record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Witness Name \_\_\_\_\_

