



Dawn House Services and Housing for Women Inc.

965 Milford Drive
Kingston, Ontario

K7P 1S2

Charitable #107007981 RR0001

www.dawnhouse.ca

transitional.housing@dawnhouse.ca

613-545-1379

Application for Transitional Housing

Dawn House provides transitional housing programs for women at 965 Milford Drive and 805 Ridley Drive. There is a limited number of units for women and children. Information collected on, and with, this application is used to confirm your eligibility. Unless authorized by a Written Consent, information collected will remain confidential and for internal use only.

ELIGIBILITY REQUIREMENTS (✓ all that apply)

- ☐ You identify as a woman 18 years of age or older
- ☐ You are homeless or vulnerably housed
- ☐ Your annual net income is \$32,000/year or less
- ☐ You agree to actively participate in the supports/programs Dawn House provides

SECTION 1: PERSONAL INFORMATION

Name:		Birthdate:	
Address:		City:	
Postal Code:	E-Mail:	Phone:	
Do you identify as being an Indigenous woman?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other _____			
Citizenship: Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/>			
Language Spoken: English <input type="checkbox"/> French <input type="checkbox"/> Other _____			

SECTION 2: DEPENDENT CHILDREN IF THEY WILL BE LIVING WITH YOU

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

SECTION 3: INCOME SOURCE

- ☐ Ontario Works (OW)
- ☐ Employment Income
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Canada Pension Plan (CPP)
- ☐ Old Age Security (OAS)
- ☐ Other _____

What is your monthly Income from all sources (do not include HST rebate, Trillium) _____

SECTION 3: HEALTH ISSUES/CONCERNS

(√ all that apply)

- ☐ Mental Health
- ☐ Physical Health
- ☐ Problematic Substance Use (Drugs/Alcohol)
- ☐ You need an accessible room/suite (e.g. wheelchair)
- ☐ Other _____

SECTION 4: HOUSING

Please tell us about your current living conditions.

- ☐ Detox ☐ Shelter ☐ Hospital
- ☐ Staying with a friend, or friends (couch surfing)
- ☐ Homeless - Sleeping rough/on the street
- ☐ Other _____

Tell us about your past housing experiences

Have you ever been evicted by a landlord? If so, what was the reason:

How long has it been since you have had stable housing?

☐ Up to 3 months

☐ Between 3 months and 6 months

☐ Between 6 months and 12 months

☐ More than 1 year

of years _____

Do you own a pet or pets? ☐ YES ☐ NO If yes, how many and what kind?

SECTION 5: CURRENT SUPPORTS/REFERENCES

Did someone from an organization help you to complete this application? ☐ YES ☐ NO

If yes, please provide contact information for the individual/organization

Contact Name	Organization (if applicable)	Phone Number
Contact's Relationship to You:		

I give permission for Dawn House to contact this individual _____

Contact Information

Please provide the names of people who have the ability to help us to locate you and/or verify the information provided in this application. This could include but is not limited to: health care professionals; mental health, outreach or housing workers; relatives or friends.

Contact Name	Organization (if applicable)	Phone Number
Contact's Relationship to You:		

I give permission for Dawn House to contact this individual _____

Contact Name	Organization (if applicable)	Phone Number
Contact's Relationship to You:		

I give permission for Dawn House to contact this individual _____

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I give permission for Dawn House to contact this individual _____		
Contact Name	Organization (if applicable)	Phone Number
Contact's Relationship to You:		
I give permission for Dawn House to contact this individual _____		

SECTION 6: SUPPORTS AND SERVICES
What community support services have you been involved with in the past? _____
What services do you use now? _____
What supports do you need to meet your goals? (✓ all that apply)
<input type="checkbox"/> Counselling re Trauma/Abuse <input type="checkbox"/> Assistance with substance abuse/addiction <input type="checkbox"/> Employment skills <input type="checkbox"/> Finishing High School/Attending Post-Secondary Institution <input type="checkbox"/> Social Isolation (Leisure activities, building relationships) <input type="checkbox"/> Hoarding Management <input type="checkbox"/> Mental health supports <input type="checkbox"/> Physical health supports <input type="checkbox"/> Legal Issues

☐ Assistance with immigration

☐ Other

Assistance with Daily Living Tasks

☐ Budgeting/Financial Management/Banking

☐ Meal Planning and Preparation

☐ Housekeeping

☐ Shopping

☐ Laundry

☐ Personal Hygiene

☐ Public Transportation and Community Mapping

☐ Community Involvement

☐ Other _____

SECTION 7 – DECLARATION AND CONSENT

The personal information provided with this application is collected by Dawn House under the authority of the *Housing Services Act, 2011, c.6.* (HSA) Questions about this collection should be directed to the Housing Manager, 965 Milford Drive, Kingston, Ontario K7P 1S2 or at 613-545-1379, extension 22.

I understand that:

- This information is collected to permit Dawn House (and their respective employees, agents and or contractors) to determine initial eligibility for housing.
- This information will also be used for the continuing review, monitoring and updating of my application should my application be approved and I am placed on a waiting list for housing.
- A file containing personal information related to my application and residency will be created and the information therein will be shared with Dawn House employees, agents, contractors and agencies where consent has been given.

- I may have access to my personal information. To do so, I must provide Dawn House with a written request.
- My signature below confirms that I give Dawn House permission to check the information I have provided with the person or agency I have identified in this application.
- **Please do not attach any identity documents to this application. You will be required to bring them when you are invited to an interview with a housing worker.**

Signature of Applicant

Date (Day/Month/Year)

Declaration:

I declare that all information given in this application is correct and complete.

Signature of Applicant

Date (Day/Month/Year)

Please complete this document and

1. Email it to info@dawnhouse.ca
2. Fax it to 613-384-2977
3. Mail it to: 965 Milford Drive, Kingston, ON K7P 1S2

Personal information as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, addresses, and phone numbers, contained in this form or in attachments is collected pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m.56).