



MAINSTAY TRANSITIONAL HOUSING APPLICATION

71 Martha Street, Winnipeg, MB R3B 1A4

Phone: 204-982-8260

Please Email Completed applications to dakpabio@mainstreetproject.ca or Fax to 204-982-8782

Mainstay, is a short term transitional housing program that offers on-site support services, it is not a supportive living environment. Please note incomplete applications will be returned to the referring source for completion before consideration and placement on Mainstay's waiting list.

REFERRAL SOURCE

Name:	Agency Name:	Contact Number:
Email:		Referral Date:

Currently accessing other MSP programs: | Drop-in / Shelter | Protective Care | Withdrawal Management
 | Services Case Management | Van Outreach

APPLICANT INFORMATION

First Name:	Last Name:	Alias:
Date of Birth:	Gender: M F T	SIN #:
Manitoba Health Card Information:	<i>PHIN 9 digit</i>	<i>MHSC 6 digit</i>
Band Name:	Band #:	Treaty #:
Current Address:		Phone #:
Marital Status: Single Married Common-Law Divorced Separated Widowed		
Languages Spoken:		

EMERGENCY CONTACT INFORMATION – REQUIRED**

Name:	Relationship:
Phone:	Address:

SOURCE(S) OF INCOME

Full-Time Employment Part-Time Employment Casual Employment Other:	
Employment Income Assistance	Coverage Details: GA Disability

EIA Case #:	Case Worker:	Phone:
Email:		
<input type="checkbox"/> Employment Insurance	Start Date:	End Date:
<input type="checkbox"/> Pension (CPP/OAS)		
<input type="checkbox"/> Unemployed		
PUBLIC TRUSTEE / ALTERNATE DECISION MAKER		
Public Trustee <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Decision Maker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Trustee/Decision Maker:	Phone:	
Email:	Case Number:	

HOUSING INFORMATION

Current Living Situation: No Risk At Risk/Not Immanent At Risk/Immanent Risk Currently Homeless
 Hidden Homelessness Living on Streets Crisis Shelter Transitional Housing Supportive Housing
 Treatment Centre Discharged from Hospital Discharged from Jail | Other: *if other, please explain*

Details:

Length of Current Living Situation:

What is the primary issue that makes it difficult for this individual to maintain housing:

Subsidized Housing History: Yes No **Details:**

Taxes up to date: Yes No

COMMUNITY AND SOCIAL SUPPORTS

Name:	Program:	Phone:
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Location:		Alt #:
Name:	Program:	Phone:
Location:		Alt #:
Name:	Program:	Phone:
Location:		Alt #:
Community Program Restrictions: Yes No		
Details:		
HEALTH INFORMATION		
Health History: <i>(Please outline any current or chronic health concerns: such as diabetes, asthma, hypertension and include health related goals)</i>		
Details:		
Accessible suite: Yes No <i>(Main floor suites are prioritized for residents who are not able to climb stairs)</i>		
Details:		
Homecare Services: Yes No <i>(laundry, bath assist, transferring, dressing)</i>		
If yes, has a referral been made? Yes No <i>(if no, a referral must be made and services in place prior to acceptance or arrangements for temporary supports must be included in the care plan)</i>		
Primary Care Provider: Yes No		
Name:	Phone:	
Location:	Date of last visit:	

MENTAL HEALTH INFORMATION		
Mental Health History: <i>(Please outline any current or chronic Mental Health concerns: such as diagnosis, risk of self-harm)</i>		

Mental Health Care Provider: Yes No N/A	
Name:	Phone:
Location:	Date of last visit:
Additional Supports/Information:	

SUBSTANCE USE	
Is there a history substance use? Yes No N/A	History of gambling? Yes No
If yes to either question, please provide details:	

JUDICIAL INVOLVEMENT	
Pending charges: Yes No	
Details:	
Active Protection Order or Peace Bond: Yes No	
Details:	
Current Probation / Parole: Yes No N/A	
Details:	
Probation/Parole Officer Name:	Phone:
Office:	Future Court Dates:

ADDITIONAL INFORMATION	
Use this section to provide a brief summary of short term and long term goals or to provide additional information from sections above	

Main Street Project Consent for Release of Confidential/Personal Information/Photo Identification

Participant Name:	Date of Birth: <i>(D/M/Y)</i>	AGE:
Manitoba Health Card Information:	MHSC #: <i>6 digit</i>	PHIN #: <i>9 digit</i>

I hereby authorize Main Street Project (MSP), 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)
Hospital staff as it pertains to my care	Northway Pharmacy (or other Pharmacy)
Housing/Landlord as it pertains to my care	Emergency Contact (as listed on my application form)
Spouse/Partner/Parent:	Main Street Project Employees involved in my care
Winnipeg Regional Health Authority/Shared Health	Downtown Community Safety Partnership (DCSP)

Date: _____

Participant Signature: _____

Date: _____ **Main Street Project Witness:** _____

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

Other: (list anyone that is not already listed above that we may need to speak with on your behalf)

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA), I authorize Main Street Project 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 Main Street Project. 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 Main Street Project, 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 MSP and its partnering agencies

I acknowledge that this consent form has been explained to/read to me by an authorized MSP 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.