

DAYBREAK NON-PROFIT SHELTER

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TENANT APPLICATION

Please answer all questions and sign page 4. Incomplete applications will be returned.

DATE RECEIVED: _____

A. GENERAL INFORMATION

NAME _____ TELEPHONE _____

ADDRESS _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____

REASON FOR LEAVING PRESENT ADDRESS? _____

WHAT WAS YOUR PREVIOUS ADDRESS? _____

HOW LONG DID YOU LIVE AT YOUR PREVIOUS ADDRESS? _____

REASON FOR LEAVING PREVIOUS ADDRESS? _____

HAVE YOU EVER LIVED IN A DAYBREAK HOME? YES _____ NO _____
FROM _____ TO _____

GENDER: _____ DATE OF BIRTH: D__/M__/Y__ AGE: _____

FIRST CHOICE LANGUAGE SPOKEN: _____ SECOND: _____

IN CASE OF EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS: _____

B. PRESENT SITUATION

AT THE PRESENT TIME I LIVE: 1) WITH FRIENDS _____ 2) WITH FAMILY _____
3) ALONE _____ 4) WITH A GROUP _____

MY CURRENT DWELLING IS: HOUSE _____ APARTMENT _____ ROOMING
HOUSE _____ STEET _____ SUPPORTED GROUP HOME _____ RECOVERY
HOME _____ CORRECTIONAL FACILITY _____ HOSPITAL _____ SHELTER _____
OTHER _____

COST OF ACCOMMODATION _____

NAME OF LANDLORD _____ TELEPHONE _____

C. FINANCIAL SITUATION (indicate gross income per month)

EMPLOYMENT _____ OWA _____ ODSP _____ PENSION _____
PERSONAL SAVINGS _____ OSAP _____ INSURANCE BENEFITS _____
LIVING ALLOWANCE _____ OTHER _____

(IF YOUR INCOME IS OWA OR ODSP, PROVIDE THE NAME/PH OF YOUR WORKER)

NAME _____ TELEPHONE _____

DAYS AND TIMES TO REACH YOUR WORKER _____

D. LIVING WITH OTHERS

HAVE YOU LIVED IN A GROUP SETTING PRIOR TO THIS DATE? YES _____ NO _____

IF YES, WITH WHOM? _____

WHY DO YOU WANT TO LIVE AT DAYBREAK? _____

HOW DO YOU FEEL ABOUT SHARING A KITCHEN/LIVING ROOM/BATHROOM?

BRIEFLY DESCRIBE SOME OF YOUR HOUSE CLEANING SKILLS: _____

BRIEFLY DESCRIBE SOME OF YOUR COOKING SKILLS: _____

E. ACTIVITIES: PLEASE CHECK ACTIVITIES INWHICH YOU ARE INVOLVED

VOLUNTEER WORK___ EMPLOYMENT___ SCHOOL/TRAINING ___
RECREATION___ THERAPY___ AA/NA MEETINGS ___ SUPPORT GROUP___ LIFE
SKILLS TRAINING ___ OTHER_____

NAME EACH OF THE AGENCIES/SCHOOLS/EMPLOYERS/MEETINGS/THERAPISTS etc.

STATE THE DAYS & TIMES OF INVOLVEMENT IN EACH ACTIVITY:

F. MEDICAL HISTORY: O.H.I.P. NUMBER _____

NAME OF FAMILY DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____

DO YOU LIVE WITH AN EMOTIONAL AND/OR MENTAL HEALTH DIAGNOSIS?

NO: ___ YES: ___ IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

WHAT IS YOUR DIAGNOSIS? _____

NAME OF PSYCHIATRIST/PSYCHOLOGIST _____

ADDRESS/CLINIC/HOSPITAL _____ TEL. NO. _____

HOW OFTEN DO YOU SEE YOUR PSYCHIATRIST/PSYCHOLOGIST? _____

ARE YOU CURRENTLY TAKING MEDICATION? YES ___ NO ___

IF YES, WHAT MEDICATION(S): _____

HOW LONG HAVE YOU BEEN TAKING MEDICATION? _____

WHEN DO YOU TAKE YOUR MEDICATION? _____

DO YOU HAVE A SOCIAL WORKER FOR ADDITIONAL SUPPORT? YES ___ NO ___

NAME _____ AGENCY _____ TEL.NO. _____

DO YOU LIVE WITH A CHEMICAL ADDICTION DIAGNOSIS? NO ___ YES ___

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS.

HOW LONG HAVE YOU NOT USED DRUGS AND/OR ALCOHOL? _____

G. MEDICAL HISTORY (cont.)

ARE YOU RECEIVING ADDICTION COUNSELLING? NO ____ YES ____

NAME OF AGENCY OR CENTRE _____

NAME OF COUNSELLOR _____ TEL. NO. _____

DO YOU HAVE ALLERGIES? NO ____ YES ____ TO WHAT? _____

MEDIC ALERT BRACELET? NO ____ YES ____ DO YOU USE AN EPI PEN? NO ____ YES ____

DO YOU USE OTHER PRESCRIPTION ALLERGY MEDICATION NO ____ YES ____

NAME OF ALLERGY MEDICATION _____

IS YOUR ALLERGY LIFE-THREATENING? NO ____ YES ____

H. REFERENCES: YOU MUST PROVIDE 3 REFERENCES WITH ACCURATE PHONE NUMBERS

LANDLORD: _____ TELEPHONE: _____

PSYCHIATRIST/ _____ TELEPHONE: _____
PSYCHOLOGIST

SOCIAL WORKER/ _____ TELEPHONE: _____
COUNSELOR

OUTREACH WORKER: _____ TELEPHONE: _____

FAMILY DOCTOR: _____ TELEPHONE: _____
(who knows you well)

EMPLOYER: _____ TELEPHONE: _____

VOUNTEER _____ TELEPHONE: _____
SUPERVISOR:

TEACHER: _____ TELEPHONE: _____

I. REFERRED TO DAYBREAK BY:

NAME: _____ TELEPHONE: _____

AGENCY (IF APPLICABLE): _____

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT ANY MISLEADING INFORMATION COULD BE GROUNDS FOR TERMINATION OF THE DAYBREAK APPLICATION PROCESS AND/OR TENANCY.

SIGNATURE: _____ DATE: _____

IF SOMEONE OTHER THAN THE APPLICANT HAS FILLED OUT THIS APPLICATION, PLEASE SIGN HERE _____