

**VETERANS'
HOUSE CANADA**
HELPING HOMELESS VETERANS



**MAISON DU
VÉTÉRAN CANADA**
SECOURIR NOS VÉTÉRANS SANS ABRI



THE **Social Housing Registry** OF OTTAWA

ADDITIONAL ASSESSMENT INFORMATION

Please complete the questions as fully as possible and return to:

The Registry
2197 Riverside Dr., 5th Floor
Ottawa Ontario K1H 1A9

We appreciate you taking the time to answer the following questions, as it will help Multifaith Housing Initiative to assess your present housing and life situation to determine preliminary eligibility for Veterans' House Supportive Housing.



Part A: General Information

We appreciate you taking the time to answer the following questions, as it will help Multifaith Housing Initiative to assess your present housing and life situation to determine preliminary eligibility for Veterans' House Supportive Housing.

Name: _____ Date of Birth: _____

1. Are you receiving support services from a Mental Health Community Support Service (MHCSS) agency or Assertive Community Treatment Team (ACTT)?

Yes, indicate the agency below and provide your support worker's information.

- Canadian Mental Health Association (CMHA)
- Montfort Renaissance
- Somerset West Community Health Centre
- Sandy Hill Community Health Centre
- Assertive Community Treatment Team (ACTT)

• Support Worker Name: _____

• Contact Number: (____) ____ - _____

2. Are you receiving support services or Case manager Services from Veterans Affairs Canada?

Yes

• Support Worker Name: _____

• Contact Number: _____

No

3. Do you have a doctor?

Yes No

• If Yes, please select: Family Doctor Psychiatrist

4. Are you taking any prescribed medication?

Yes No

• If Yes, do you need assistance with managing your medication?

Yes No



5. Have you been evicted from housing in the last three years?

Yes No

• If Yes, please explain:

6. What is your current address?

Address: _____ Apt, Suite, etc. (optional) _____
City: _____ Province: _____ Country: _____

7. Have you had any assistance from the Royal Canadian Legion?

Yes No

• If Yes, what branch(es):

8. Do you have any addictions?

Yes No

• If Yes, what is your addiction?

9. Do you have problems with hoarding?

Yes No

10. How would you rate your skills with the following:

SKILL	NONE	LOW	BASIC	OKAY	GOOD
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Part B: Service History

By answering these questions, you help us to confirm your service and thus your eligibility for a place at Veterans' House.

1. Did you serve in the Canadian Armed Forces (CAF) or the RCMP?

Identify one: CAF (Continue to Question 2) RCMP (Proceed to Question 11)

2. What Branch of the Canadian Armed Forces did you serve in?

Army Navy Air Force

3. Which component?

Regular Reserve (including Rangers)

4. Do you remember what Units/Regiments/Ships/Bases you served in?

5. Did you deploy? If so, where and approximately when?

6. Can you say approximately when you joined, and when you left the CAF?

7. Can you remember your SIN or Service Number? Or your "last 3"?

8. What rank did you attain?

9. Will you share why you left the CAF?



10. Do you remember what Detachment(s) you served in?

11. Did you ever deploy in support of an international mission, and approximately when?

12. Can you say approximately when you joined, and when you left the RCMP?

13. Can you remember your Regimental Number?

14. Can you remember any special qualifications or training that you took?

15. What rank did you attain?

16. Will you share why you left the Force?

Declaration and Consent

I understand that this information will be used by Multifaith Housing Initiative to determine my eligibility for its supportive housing. I agree that Multifaith Housing Initiative can contact the agencies and individuals that I have specified in this form to seek information about my housing and support needs for the duration of my application period. I understand that I may withdraw my application and associated consent at any time by contacting the Social Housing Registry. I certify that the information provided is correct. I understand that any misleading information could be grounds for termination of the Multifaith Housing Initiative application process and/or tenancy. I understand that Multifaith Housing Initiative may contact me for an interview.