



### **Couchiching Jubilee House Program Information**

Couchiching Jubilee House (CJH) has created a comprehensive program of support for homeless or near homeless women and their dependent children. Women can stay at CJH for up to one year. The goal of the program is to support women during this transition in their lives by providing them with individualized and group supports. Through this programming women and their children learn new skills, regain old ones, identify strengths and build upon them. The key focuses of the program are connecting with community, linking to employment and education, and the finding and securing of affordable and stable housing.

To be considered for application, a woman must:

- Be homeless or near homeless and in need of transitional housing;
- Be female 16 years and older;
- Demonstrate situational vulnerability due to crisis, poverty, abuse or dramatic change in circumstances;
- Be willing to set personal goals and work towards their achievement;
- Agree to comply with the resident house rules;
- Participate in individual and group sessions;
- Sign Couchiching Jubilee House contract; and
- Be physically and mentally capable to participate in program.

### **Community Connections**

This front-end program is designed for women who are considering applying for support from CJH and are already or interested in receiving services in Orillia and area from other service providers. This is an 8 week “life course” and is a supportive program designed to help women develop or enhance life based skills relevant to supporting their health needs and that of their children. The workshop based course will provide women with resource based information needed to help them make informed decisions and positive life choices. Women will have an opportunity to learn about existing resources offered in Orillia and area and decide whether these resources are important for them to have as part of their supportive network. The workshops and resources presented are from agencies collaborating with CJH who are providing services tailored for women and children. Free children’s programming is also available for women with dependent children. If you are interested in participating in this program please indicate below.

**You are strongly encouraged to participate in the Community Connections program.**

- Yes, I would like to participate in the Community Connections program
- No, I would not like to participate in the Community Connections program



### Applicant Information

**Note: if this is NOT a self-referral, the referral source can complete on behalf of the applicant**

|                       |                      |                      |
|-----------------------|----------------------|----------------------|
| Name (First and Last) | Date of Birth        | Age                  |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |

Current Address (if applicable)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Apartment            | City                 | Postal Code          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|  |                               |
|--|-------------------------------|
| Telephone Number Where We Can Call You | Email Address (if applicable) |
| <input type="text"/>                   | <input type="text"/>          |

If you do not have a telephone, is there someone with whom you are in regular contact that we can call in order to reach you?

|                      |                      |                           |
|----------------------|----------------------|---------------------------|
| Name of Contact      | Telephone Number     | Relationship to Applicant |
| <input type="text"/> | <input type="text"/> | <input type="text"/>      |

|                      |                      |
|----------------------|----------------------|
| Languages Spoken     | Preferred Language   |
| <input type="text"/> | <input type="text"/> |

How well do you communicate in English?  Fluently  Fairly well  With difficulty  Not at all

If unable, is there a family member who speaks English fairly well?  Yes  No

Do you have communication needs? E.g. hearing impairment, visual impairment, aphasia, nonverbal, AAC user. Please explain.

|   |   |   |
|---|---|---|
| Do you have children?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, how many?<br><input type="text"/> | Will they be living with you?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|---|---|

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Please provide names of children | Dates of Birth (day, month, year) |
| <input type="text"/>             | <input type="text"/>              |
| <input type="text"/>             | <input type="text"/>              |



**Referral Source Information**

**Note: If not a self-referral, please have your source complete this section**

Name (First and Last)

\_\_\_\_\_

Agency

\_\_\_\_\_

Title/Position

\_\_\_\_\_

Address

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Extension

\_\_\_\_\_

Fax Number

\_\_\_\_\_

Relationship to Applicant

\_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

How many contacts do you have with the applicant per month?

\_\_\_\_\_

Referral has been discussed with

- Applicant     Family     Doctor(s)

If applicant is unaware of referral, please explain

\_\_\_\_\_

Reasons for referral

\_\_\_\_\_

\_\_\_\_\_

**Applicant Personal Information**

**Current Living Arrangement**

- On my own       Spouse/Partner     Children       Supportive Housing  
 With family/parents     With friend(s)     Boarding Home     Shared Accommodation  
 Private Apt./House     Hostel/Shelter     No fixed address     Other \_\_\_\_\_

**Income Information**

- Employment       Employment Insurance/EI     Family     Canada Pension Plan (CPP)  
 Disability Insurance     Ontario Disability Support Program (ODSP)  
 Social Assistance (Ontario Works)       No source of income at this time  
 Other \_\_\_\_\_



**Strengths and Challenges**

What do you identify as being your strengths?

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What would your child(ren) identify as being their strengths?

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Have you ever struggled with the following:

|                                 | Yes                      | No                       | Date  | Circumstance/Frequency/Severity |
|---------------------------------|--------------------------|--------------------------|-------|---------------------------------|
| Suicide - threats               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Suicide – attempts              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Self abuse/self harm            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Aggression – physical           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Aggression – verbal             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Mishandling fire                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Lack of attention while smoking | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Assault – sexual                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Assault – physical              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Abuse of property               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Sexual acting out               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Drug/alcohol use                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Problems with anger             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |
| Issues with collecting things   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____                           |



**Legal Involvement**

Do you have any current or past legal involvement?  No  Yes  Unknown  
Example: currently facing charges, on probation or parole, in custody, convictions, family court, etc.

If "Yes", please indicate dates, types of involvement and outcome

Present: \_\_\_\_\_  
\_\_\_\_\_

Past: \_\_\_\_\_  
\_\_\_\_\_

Conditions/restrictions resulting from legal involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Conditions**

Do you have other physical health conditions or challenges?  No  Yes  Unknown  
Example: allergies, diabetes, hearing impairment, sight impairment

If "Yes", please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician/G.P./Family Doctor (First name, last name)

\_\_\_\_\_

Address

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Extension

\_\_\_\_\_

Hospital Affiliation

\_\_\_\_\_





**Personal References**

**Please give 3 personal references (Please advise those references that they will likely be contacted.)**

Name

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Address

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Telephone

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Name

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Address

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Telephone

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Name

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Address

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Telephone

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**Next Steps:**

Your application will be placed on a waitlist if there are no vacancies.

Applicants will be called for an interview when a spot opens up. Interviews will be granted based on criteria, priority/need and placement on our list. It is difficult to say when this will happen because women can stay in our residence for up to a year and we typically receive over 60 applications per year

Please submit this application

In person to Couchiching Jubilee House office, 79 Colborne St. E. Orillia, ON

Or by mail: P.O. Box 272, Orillia, ON L3V 6J6

Or by Fax: 705-326-2767.