Who We Are

SHIP is a community-based housing, support program and mental health service provider. SHIP provides services to vulnerable individuals as well as supportive living environments for individuals who have an identified mental illness and who require intensive case management support.

Eligibility Requirements

To apply for SHIP's programs you must:

- Be at least 16 years of age
- Be diagnosed with a serious and persistent mental illness, such as Schizophrenia, Bipolar Disorder, Major Depressive Disorder and who may also have substance use issues and/or a Dual Diagnosis (this does not include the Integrated Seniors Program)
- Be assessed by Central Intake as being in need of and willing to work with support services
- Be a Canadian citizen or landed immigrant
- Have a completed application with all necessary documentation

When applying for supportive housing you must also:

- Have a reliable source of income for the purpose of paying rent
- Provide written consent to the sharing of information with other partnering agencies
- Have a support system in the area in which the application is being made (Peel, Dufferin or Etobicoke/York).

What is the Process?

Acceptance into one of SHIP's programs is based on a two-part process:

1. A review of the application form and supporting documentation by Central Intake staff
2. Face-to-face assessment by a support worker to determine eligibility

Send completed applications to:

Central Intake – SHIP
969 Derry Road East, Unit 107
Mississauga ON L5T 2J7
Tel: 905-795-8742 Fax: 905-795-1129

Keeping your Application Current

It is <u>your</u> responsibility to stay connected with Central Intake to keep your application up-to-date.

This means contacting Central Intake immediately if your information changes, if your housing situation changes, and/or if your housing preferences have changed.

When applying for housing, you will only receive two offers. As your name gets closer to the top of the wait list additional information and further proof of eligibility may be required.

Wait List

SHIP does not provide emergency housing or priority placement. All SHIP programs have wait lists and it is difficult to estimate the waiting time. Central Intake will provide linkages and referrals to community based services that meet your imminent need. In the event that you are found ineligible for service, an appeal process is available to you.

Note: Applications must be completed in full and are placed on the wait list by date the application is received at Central Intake.

Should you have any questions regarding this process or your application please contact us at:

• Tel: 905-795-8742 x 223 • E-mail: intake@shipshey.ca • info@shipshey.ca •
Website: www.shipshey.ca

Updated: May 8, 2007, August 2008, October 2008, December 2009, August 2010, May 2011, Sept 2014, March 2015

SHIP

Your Consent to Share Information

Central Intake is funded by the Ministry of Health and Long Term Care and administered by Supportive Housing In Peel (SHIP). It provides access to the housing and support services of SHIP services as well as partnering agencies in the Region of Peel, Etobicoke/York and Dufferin.

It is the policy of Central Intake to fully respect your confidentiality. However, there are certain limits on our ability or obligation to maintain confidentiality:

1. In providing intake services: to determine eligibility (from your written application and face-to-face meetings); match your needs to appropriate support services; maintain a record; review your continuing interest and eligibility as you wait for housing; locate you through designated contacts when housing becomes available, ensure placement services and provide appeal, if desired.
2. In meeting legal requirements (e.g., if your file is subpoenaed or you are suspected of child abuse).
3. When your behaviour poses a threat of physical harm to yourself or someone else.

To qualify for supportive housing, you must give Central Intake of Supportive Housing In Peel consent:

1. To receive or access psychiatric and hospital records that give information on your diagnosis and past mental health hospitalizations. You must submit a signed, witnessed, and dated Consent Form to obtain records from a doctor, psychiatrist or hospital.
2. To share information, including psychiatric, hospital or other external records, on an as-needed basis within and between the partnering agencies for the purpose of intake and, possibly, appeal services.
3. To telephone you and leave voice mail at the locations you designate in the application form.
4. To further determine your telephone number, location or continuing interest in service through the contact of persons you designate. Please do not include the names of family, friends, or workers that you do not wish us to call.
5. To continue this agreement until the intake service is completed or you no longer want service.

Privacy Statement

SHIP respects your privacy. The confidentiality of your personal health information is maintained through the consistent application of strict policies and procedures that are consistent with the requirements of current legislation. Your consent is required for your personal health information to be used for your care by SHIP staff or shared with anyone other than SHIP staff, where Ontario's privacy legislation allows. SHIP staff are available to explain our policy with regard to confidentiality.

Important Note

It is the policy of Central Intake to fully respect each applicant's confidentiality. However, there are limitations on our ability or obligations to maintain confidentiality, Central Intake is required to share information to the partnered agencies involved with determining eligibility for Supportive Housing, when your behaviour poses a threat of physical harm to yourself or someone else, or other legally required reporting situations.

Your name (first/last): _____ **Birth date (M/D/Y):** _____

Your signature: _____ **Date (M/D/Y):** _____

Supportive Housing In Peel

969 Derry Road East, Unit #107, Mississauga, Ontario L5T 2J7 Canada
T 905 795 8742 F 905 795 1129 E intake@shipshey.ca www.shipshey.ca

SHIP Application Form

Please indicate which program(s) you are applying for:

☐ Assertive Community Treatment Team (ACTT) ☐ Integrated Seniors Team (IST) ☐ High Support Program (HSP) ☐ Supportive Housing

SECTION A: SERVICES

Last name (please print) | First Name | Date of Birth (dd/mm/yy) | Gender ☐ F ☐ M ☐ Other | Marital Status

Health Card Number (HCN) | SIN | Canadian Citizenship ☐ Canadian Citizenship ☐ Landed Immigrant ☐ Refugee ☐ Sponsored

Address | Apartment/Unit # | City | Postal Code

Preferred Language ☐ English ☐ French ☐ Other : ☐ Aboriginal ☐ Non-Aboriginal

Contact Telephone Number(s)

Home	(____) _____- _____	Cell	(____) _____- _____
Family/Friend Home	(____) _____- _____	Cell/Business	(____) _____- _____
Psychiatrist	Dr. _____		(____) _____- _____ Ext:_____
Family Doctor	Dr. _____		(____) _____- _____ Ext:_____
Social Worker/Case Manager	_____		(____) _____- _____ Ext:_____
Substitute Decision Maker (please provide supporting documentation)	_____		(____) _____- _____ Ext:_____

Referral Source (check off)

☐ Self ☐ Family/Friend ☐ Hospital ☐ Doctor ☐ Psychiatrist ☐ Case Manager ☐ Discharge Planner ☐ Crisis Support

Name: _____ | Organization: _____ | Number: (____) _____- _____ Ext:____

This section **must** be completed by your ***PSYCHIATRIST or FAMILY DOCTOR*** who is actively managing your treatment. If this is completed by a Mental Health Professional, SHIP will obtain psychiatric verification from your Doctor, Psychiatrist or Health Records.

Mental Health and/or Addictions Diagnoses: _____

Other Diagnoses: _____

Dual Diagnosis (Intellectual disability & mental illness)	☐ Yes	☐ No		
Substance Use Issues Circle one: use / Misuse / Abuse / Controlled	☐ Alcohol	☐ Drugs	☐ Gambling	☐ Not Applicable
Suicide Attempt in the past 2 years	☐ Yes	☐ No	If yes, date of last attempt:	
Self-Harm behaviour in the past 2 years	☐ Yes	☐ No	If yes, date of last incident:	
Issue with aggression or anger management	☐ Yes	☐ No	Explain:	
Fire Setting/Careless Smoking	☐ Yes	☐ No	Explain:	
Sexually inappropriate behaviour	☐ Yes	☐ No	If yes, date of last incident:	
Recent Mental Health hospitalization	☐ Yes	☐ No	If yes, how many in the past 2 years:	

Where was the last hospital admission? **Currently on CTO** ☐ Yes ☐ No

Level of case management support required ☐ Minimum ☐ Moderate ☐ High

Medication Compliant ☐ Yes ☐ No

Age of Onset of Mental Illness **Age of First Psychiatric Hospitalization**

_____ _____ _____ _____ _____

Doctor's Stamp or Signature **Doctor's Name *(please print)*** **Month** **Day** **Year**

SHIP Application Form

HIGHEST LEVEL OF EDUCATION

- ☐ Some Elementary / Junior High School
- ☐ Some Secondary / High School
- ☐ Some College / University
- ☐ No Formal Schooling
- ☐ Elementary / Junior High School
- ☐ Secondary / High School
- ☐ College / University
- ☐ Other: _____

CURRENT LIVING SITUATION

- ☐ Shelter
- ☐ Hospital
- ☐ Incarcerated
- ☐ No Fixed Address
- ☐ Own Home
- ☐ At risk of losing housing
- ☐ Living with family or friend but would like to live independently
- ☐ Renting with no risk of losing housing
- ☐ Evicted from housing **(must submit copy of Eviction Notice)**

Reason for Risk of losing Housing _____

What is your monthly rent amount**? (submit copy of most recent rent receipt if applicable)** **$**

What Type(s) of SUPPORT do you need? ***Check off the level of support you require and provide comments.***

☐ None	☐ Some	☐ A lot	Managing medication:	
☐ None	☐ Some	☐ A lot	Managing money:	
☐ None	☐ Some	☐ A lot	Doing household chores:	
☐ None	☐ Some	☐ A lot	Meals/Grocery shopping:	
☐ None	☐ Some	☐ A lot	Using transportation:	
☐ None	☐ Some	☐ A lot	Using community resources:	
☐ None	☐ Some	☐ A lot	Crisis management:	

SECTION B: HOUSING APPLICATION

Have you previously LIVED in SHIP or Peace Ranch housing? ☐ Yes ☐ No

APPLICANT INCOME

- ☐ Ontario Works
- ☐ ODSP
- ☐ CPP
- ☐ Retirement Pension
- ☐ LTD
- ☐ Old Age Security
- ☐ Child Support
- ☐ Alimony
- ☐ Employment Insurance
- ☐ Student Loan
- ☐ Part time employment
- ☐ Full time employment
- ☐ No Income
- ☐ Other (specify)

HOW MANY MEMBERS OF YOUR HOUSEHOLD CONTRIBUTE TO THE HOUSEHOLD INCOME: 1 2 3 4 5
(Submit copy of income verification copies of each household member that will be residing with you)

TOTAL MONTHLY HOUSEHOLD INCOME (Please submit copies of recent income statements) $ _____

Have you had any Criminal Offences in the past one (1) Year ☐ Yes If YES, complete below: ☐ No

PRESENT STATUS WITH THE JUSTICE SYSTEM

- ☐ Stay of Proceedings
- ☐ Court Diversion
- ☐ On Bail-Awaiting Trial
- ☐ Awaiting Sentence
- ☐ Incarcerated
- ☐ Unfit to Stand Trial
- ☐ Restraining Order
- ☐ Charges withdrawn
- ☐ Peace Bond
- ☐ Conditional Discharge
- ☐ Time Served
- ☐ Conditional Sentence
- ☐ Custodial Sentence
- ☐ Probation
- ☐ Ontario Review Board
- ☐ Other: _____

Please note: ***the above information will not be used against you in your housing application.***
This information will help to determine if you are eligible for the Supportive Housing option with the Mental Health and Justice program.

Name of Parole/Probation Officer:	**Organization**	**Number:** ( ) -
Name of Court Diversion Worker:	**Organization**	**Number:** ( ) -

SHIP Application Form

SUPPORTIVE HOUSING OPTIONS

Housing locations chosen must be within the region of your supports (family, case worker, doctors, etc)

Independent Living Units: Location(s) Preference *(indicate 1st and 2nd location choice)*:

- ☐ Mississauga
- ☐ Brampton
- ☐ Malton
- ☐ Etobicoke/York
- ☐ Caledon
- ☐ Orangeville

Transitional Housing

- ☐ Hammond House – Mississauga (8 residents per home – 1 room per resident)
- ☐ Parsons Place – Brampton (8 residents per home – 1 room per resident)

- ☐ Peace Ranch – Farm (located in Caledon - 10 residents / 1 room per resident – MUST have a diagnosis of Schizophrenia and be 18 – 65 years of age)
- ☐ Peace Ranch – Townhome (located in Brampton - shared accommodation 4 residents / 1 room per resident)

Do you require a wheelchair accessible unit or have any accommodation needs: ☐ Yes ☐ No Describe:

HOUSEHOLD MEMBERS (include only those who will reside with you) Copy of Citizenship or Immigration status must be provided for each member

1. _____ ☐ Male ☐ Female ☐ Other _____
   Last Name *First Name* *Middle* *Date of Birth* D/M/Y
2. _____ ☐ Male ☐ Female ☐ Other _____
   Last Name *First Name* *Middle* *Date of Birth* D/M/Y

Do you have custody of the children? ☐ Yes ☐ No If you have a visitation agreement, what is the arrangement?

Declaration of the Applicant

To the best of my knowledge I have provided accurate information in support of my application for Supportive Housing.

× _____ _____
Applicant's Signature *Day* *Month* *Year*

× _____ _____
Advocate/Person Assisting Signature *Day* *Month* *Year*

( ) - _____ _____ _____ _____
Advocate/Person Assisting Phone Number *Address* *City* *Postal Code*

APPLICATION CHECKLIST

Please review the items below and ensure that they are included with your application.

- ☐ **Consent to Disclose Personal Health Information -- MUST BE ORIGINALS --** (signed and dated - *Doctor, case manager, family member who are permitted to discuss applicant's information for the sole purpose of application)*
- ☐ **Substitute Decision Maker (SDM), Public Guardian & Trustee and/or CTO documentation** (where applicable)
- ☐ **Rental Receipt** (if paying rent)
- ☐ **Eviction Notice** (where applicable)
- ☐ **Income Receipt** (most recent)
- ☐ **Copy of Citizenship, Landed Immigrant Status, Birth Certificate** (for all potential household members)
- ☐ **Custody Agreements** (if requesting additional bedrooms because you have legal custody/visitation rights, copy of the agreement must be attached)
- ☐ **CPIC Authorization** (for those involved with the Criminal Justice System)

SHIP Application Form

PLEASE READ AND SIGN THE AUTHORIZATION BELOW ONLY IF YOU HAVE RECENTLY BEEN INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM.

CANADIAN MENTAL HEALTH ASSOCIATION
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
CMHA-PEEL BRANCH

SHIP

Mental Health and Justice

CPIC AUTHORIZATION

I, _____ authorize the administration of the Canadian Mental Health Association (CMHA) to conduct a police history check (CPIC) into my background. I understand that this will be completed in a confidential manner and is part of the assessment process for the Mental Health & Justice Services of the Canadian Mental Health Association Peel Branch and Supportive Housing In Peel.

Surname:	
Driver's License Number:	
First Name:	Middle Name(s):
Date of Birth: Day Month Year	Maiden Name:

_____ _____

Signature Dated

SHIP

Consent to the Collection, Use and Disclosure of Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

SHIP is seeking your consent for it to collect, use and/or disclose your personal health information.

Personal health information (PHI) is the information that health care providers (e.g., doctors, hospitals, etc.) collect about you and use to provide you with health care. PHI includes information about:

- your physical health and mental health;
- your health history;
- your family health history;
- the health care you have received;
- your health card number; and
- name of your substitute decision-maker.

What is "collection, use or disclosure" under PHIPA?

"Collection" occurs when SHIP obtains PHI about you in any form (eg. verbal or written) and from any source including family and friends for the purposes outlined in the consent form.

"Use" refers to SHIP using the PHI they have regarding you. For instance, information in your record may be used to develop a Service/Care Plan for you.

"Disclosure" occurs when the information in the possession of SHIP is shared with another health information custodian or a non-health information custodian. For example, SHIP may disclose information to a community program you will be attending.

SHIP will only collect, use and disclose your personal health information with your consent unless a particular collection, use or disclosure is permitted or required by law without your consent.

You can refuse to sign this consent form or withdraw your consent at any time by writing to:

Privacy Officer
Supportive Housing In Peel
107 – 969 Derry Road East,
Mississauga, Ontario
L5T 2J7

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

Completed by: □ Client
□ SDM*

I, _____, authorize _____
(Print name of client or SDM) *(Print name of organization e.g., doctor, psychiatrist, hospital)*

to disclose my personal health information consisting of: Health Records pertaining to a mental health illness diagnoses or an addiction

_____
(Describe in as much detail as possible the personal health information to be disclosed)

Print the contact information of the person/organization requiring the information:

CENTRAL INTAKE

Department: _____

SHIP

Organization: _____

969 Derry Road East, Mississauga, ON, L5T 2J7

Address:_____

I understand that the purpose of disclosing my personal health information to the person or organization noted above is to assist in providing me with health care. I understand that I can refuse to sign this consent form or later withdraw my consent.

Name: _____ Signature: _____

Date of Birth: _____
(MM/DD/YYYY)

Date: _____

Witness Name: _____ Signature: _____

Date: _____

***Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**