

Applicant Reference Number

Independent Living Skills Assessment

Please print in BLOCK LETTERS with a black or blue pen

The attached form is to be completed by the applicant's health professional or support provider as per the consent below.

The Assessment will be used to assist St. Thomas – Elgin Social Services, Housing Services in determining the housing applicants' ability to live independently with or without support. If you need more room to answer any questions, please include details on a separate page and attach it to this form. For information or assistance with this form, please phone the Housing Intake at 519-631-9350 ext. 7146 Monday to Friday during the hours of 8:30 a.m.- 12:00 and 1:00 p.m. - 4:00 p.m.

Applicant consent

I, the undersigned (provide complete fully)

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/City

Postal Code

Phone

Mobile

Email address

do hereby authorize and direct the following person /agency to provide information (including health information) relevant to my housing application.

Name of health professional/support worker

Name of agency

Address of agency

Street/Avenue

Town/City

Postal Code

Telephone number

Email address

I agree to the release of personal information from the above person/agency for the purpose of clarifying issues relating to my ability to live independently with or without support. Only details which directly relate to my eligibility for social housing may be provided/discussed.

Full name (please print)

Signature

Date

Request for Modified Unit Health Professional Information Form

To be eligible for social housing, your client must be able to sustain a successful tenancy. This means that they must be able to meet the obligations of their tenancy agreement, with or without support.

The following criteria need to be addressed in order to assist the social housing provider to determine whether social housing is the most appropriate housing option for the client's current housing and support needs.

Relationship to Applicant

I have knowledge of _____ by virtue of my status as his/her

- ☐ Personal Physician
- ☐ Nurse Practitioner
- ☐ Social Worker
- ☐ Support Worker
- ☐ Care Giver (please describe role below)

_____ has been my client since _____ (mm/yyyy).

Section A: Financial Management

1. In your professional opinion, does the client have the ability to manage their own finances? ☐ Yes → Go to Section B ☐ No → Go to question 2

2. Is the Public Guardian managing the client's finances? ☐ Yes → Go to Section B ☐ No → Go to question 3

3. Is the third party such as a family member managing the client's finances? ☐ Yes ☐ No → Go to Section B
↓ Provide details below and go to Section B

Section B: Property Care

4. In your professional opinion does the client have the ability to maintain their home in a satisfactory condition (without support) and not cause property damage? ☐ Yes → Go to Section C ☐ No → Go to question 5

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Health Professional/Support Provider Information Form

5. Does the client have the ability to maintain their home in a satisfactory condition with support and not cause property damage?

☐ Yes → Go to question 6

☐ No → Go to Section C

6. Is the client currently accessing required support services?

☐ Yes
Please list and describe support services being received below

☐ No
Please provide the reasons why the client is not accessing required supports below.

7. Has the client ever refused support services that you deemed essential for independent living?

☐ Yes
↓
List the services they refused

☐ No

Section C: Personal Care

8. In your professional opinion, does the client have the ability to look after their basic day-to-day personal care needs without support?

☐ Yes → Go to Section D

☐ No → Go to question 9

9. Is a service provider such as Homecare supporting the client in this function?

☐ Yes
↓
please list and describe support services being received and go to Section D

☐ No → Go to question 10

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Health Professional/Support Provider Information Form

10. Is the client being supported in this function by a carer?

☐ Yes ↓☐ No → Go to question 11

Provide details below and go to Section D

11. If the client requires support to perform this function and is not accessing required supports, please provide reasons:

Section D: Social Interaction

12. In your professional opinion, does the client have the ability to be responsible for their own conduct as well as the conduct of their visitors and not cause or permit nuisance or annoyance?

☐ Yes

Provide details below

☐ No

Provide details below

13. In your professional opinion, does the client have the ability to live in close proximity with others?

☐ Yes

Provide details below

☐ No

Provide details below

Other

14. Please outline any other issues relevant to the client's ability to live independently that the social housing provider needs to take into consideration.

Independent Living Skills Assessment

Health Professional/Support Provider Information Form

The assessment is now complete. Thank you for your co-operation.

Health/support worker name (please print)

Position

Signature

Date

DD / MM / YYYY

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3. Is the third party such as a family member managing the client's finances? ☐ Yes ☐ No → Go to Section B
↓ Provide details below and go to Section B

Section B: Property Care

4. In your professional opinion does the client have the ability to maintain their home in a satisfactory condition (without support) and not cause property damage? ☐ Yes → Go to Section C ☐ No → Go to question 5