

## Residential Services Application/Referral - Part 1

### Part 1- Applicant Information (Form CS-RS 893E)

#### Overview :

Residential Services, also known as domiciliary hostels, are private or non-profit residences that provide long-term housing to vulnerable adults who require some supervision and services to maintain their independence in the residence. Services include: furnished rooms, 24-hour urgent response, medication management, meals and snacks, housekeeping and personal laundry, social and/or recreational activities.

**Read the Instruction Guide ([Form CS-RS 892E](#)) found on [ottawa.ca](http://ottawa.ca) before completing the application form. The guide provides detailed information and step by step instruction on how to fill out the application.**

To apply for a Residential Services subsidy, a person must complete an application form. The application is divided into two parts:

- **Part 1: Applicant Information (Form CS-RS 893E)**
- Part 2: Health Information (Form CS-RS 894E)
  - The applicant must consent to the release of information by completing and signing Section 2A of the Health Information form
  - **Sections 2B to 2D must be completed by a health care professional** such as a doctor (for example family doctor, psychiatrist, neurologist), nurse or social worker.

If you are unable to print the application (Part 1- Applicant Information and Part 2 - Health Information), you may request a paper copy by e-mailing [CommunitySupports@ottawa.ca](mailto:CommunitySupports@ottawa.ca) or by calling 613-580-2424, extension 26586 and one will be mailed to you.

#### Send the completed application to the City of Ottawa Community Supports

Once you have both the Applicant Information (Sections 1A to 1E) and the Health Information (Sections 2A to 2D) completed, submit both forms to Community Supports by e-mail, fax or mail.

E-mail (scan copy): [CommunitySupports@ottawa.ca](mailto:CommunitySupports@ottawa.ca)

Fax: 613-580-2790

Mail: Community Supports, 370 Catherine Street, Ottawa, ON K1R 5T5

## Residential Services Application/Referral - Part 1

### Section 1A - Personal information

First name:	<input type="text"/>	Last name:	<input type="text"/>
Date of birth (DD/MM/YYYY):	<input type="text"/>	Sex:	<input type="radio"/> Male <input type="radio"/> Female
Social Insurance Number:		Gender identity:	<input type="text"/>
Identify as Indigenous	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say	Preferred Pronouns:	<input type="text"/>
Health Card Number:		Version code (for example 1234 5678 9123 GB):	<input type="text"/>
Currently homeless:	<input type="radio"/> Yes <input type="radio"/> No		
Living conditions:	<input type="radio"/> Home owner <input type="radio"/> Renting <input type="radio"/> Other	Specify:	<input type="text"/>
Residence:	<input type="text"/>	Apartment / unit number:	<input type="text"/>
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal code:	<input type="text"/>
Are you currently living in a provincial institution? <input type="radio"/> Yes <input type="radio"/> No			
Phone number:	Home: <input type="text"/>	Cell:	<input type="text"/>
E-mail address:	<input type="text"/>		

### Mailing address if different from residence address

Address:	<input type="text"/>	Apartment / unit number:	<input type="text"/>
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal code:	<input type="text"/>

### Language(s)

Are you able to communicate in English or French? Select those that apply : ☐ English ☐ French

### Interpreter / translator

Do you require an interpreter / translator?	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify language:	<input type="text"/>
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### Next of kin or emergency contact

First name:	<input type="text"/>	Last name:	<input type="text"/>
Address:	<input type="text"/>	Apartment / unit number:	<input type="text"/>
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal code:	<input type="text"/>
Phone number:	<input type="text"/>	Relationship to next of kin:	<input type="text"/>

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### Section 1B - Family composition and living arrangements

Marital status : ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Living common-law ☐ Widowed

List all family members living with you including your spouse or common-law partner, dependant children (17 years or younger) and dependant adults (18 years or older) living with you. If not applicable select Not applicable :

#### Spouse/common-law

☐ Not applicable  
First name:  Last name:   
Date of birth (DD/MM/YYYY):

#### Dependant children

☐ Not applicable  
First name:  Last name:   
Date of birth (DD/MM/YYYY):

First name:  Last name:   
Date of birth (DD/MM/YYYY):

#### Dependant adults

☐ Not applicable  
First name:  Last name:   
Date of birth (DD/MM/YYYY):

First name:  Last name:   
Date of birth (DD/MM/YYYY):

#### Additional information/comments :

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### Section 1C - Assets

List all assets for yourself, spouse or common law-partner, dependant children (17 years or younger) or dependant adults (18 years or older) living with you. If not applicable, select N/A "not applicable":

Assets :	Value / balance :	Assets owner :
<input type="radio"/> Bank account / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Bank account / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Bank account / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Investments (for example bonds, stocks, GIC, RRSP, mutual funds, RRIF) <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Vehicle / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Pre-paid funeral / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Property / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Life insurance policy / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Trust account / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Other / <input type="radio"/> N/A Please specify :	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<b>Total asset value :</b>	\$ <input type="text"/>	Additional information/comments : <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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Assets :	Value / balance :	Assets owner :
<p><b>Any assets expected in the future?</b></p> <p>If, yes please provide details (explain) and enter amount if known</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>\$ <input type="text"/></p>	<p> <input type="radio"/> Applicant           <input type="radio"/> Spouse/ common-law           <input type="radio"/> Dependant adult           <input type="radio"/> Child         </p> <p>Additional information/comments :</p> <div style="border: 1px solid black; height: 100px;"></div>
<p><b>In the past 12 months, did you or any family members living with you receive any money from the sale of something owned (for example property, jewellery or vehicle) or cash in any assets such as an RRSP or GIC?</b></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>\$ <input type="text"/></p>	<p> <input type="radio"/> Applicant           <input type="radio"/> Spouse/ common-law           <input type="radio"/> Dependant adult           <input type="radio"/> Child         </p> <p>Details/comments :</p> <div style="border: 1px solid black; height: 100px;"></div>
<p><b>Additional information/comments :</b></p> <div style="border: 1px solid black; height: 300px;"></div>		

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### Section 1D - Income

Select the sources of income below that are applicable to you, your spouse or common law-partner, dependant children (17 years or younger) or dependant adults (18 years or older) living with you. If not applicable, select N/A "not applicable":

Income :	Monthly net Income :	Income owner :
<input type="radio"/> Ontario Works / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Ontario Disability Support Program (ODSP) / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> OAS/Gains/GIS/ <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Canada Pension Plan (CPP) / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Quebec Pension Plan (QPP) / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Employment earnings / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Employment Insurance / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Private pension / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Foreign pension / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Private insurance / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Investment / Interest income / <input type="radio"/> N/A	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="radio"/> Other / <input type="radio"/> N/A Please specify :	\$ <input type="text"/>	<input type="radio"/> Applicant <input type="radio"/> Spouse/ common-law <input type="radio"/> Dependant adult <input type="radio"/> Child
<input type="text"/>		
<b>Total net income :</b>	\$ <input type="text"/>	Additional information/comments : <input type="text"/>

## Residential Services Application/Referral - Part 1

### Section 1E - Consent to the following terms of Living in a Residential Services Homes

Residential Services Homes provide a financial subsidy for long-term housing. These homes offer a residential living environment that is safe and supportive for all residents. In completing this application, I, , have read and understand the following terms of living in the Residential Services Homes:

To be eligible for a subsidy, the person must:

- Voluntarily agree to accept placement.
- Live in a group setting where I will share a room with one or more adults.
- Secure all available source of income to which I may be eligible to receive and to pay monthly rental cost with all monthly source of income minus a maximum Personal Needs Allowance.
- Receive a monthly maximum Personal Needs Allowance.
- Follow residential rules related to cigarette smoking.
- Be able to live in a group setting and display safe, respectful, and non-violent behavior.
- Be able to bathe, dress, take care of one's toileting or qualify for community care services to manage these needs independently.
- Be able to walk and change position or use an assistive device to move and change position independently.
- Manage community outings and transportation arrangements independently (unless services are offered as a part of a rural location).
- Be compliant with prescribed medication/treatment plan and/or be medically stable as determined by a health professional.
- Be compliant with court ordered plan and/or community treatment order.
- Manage alcohol and/or substance use choices responsibly and if applicable, be compliant with a prescribed addiction treatment program.

Signature of applicant : \_\_\_\_\_

Witness : \_\_\_\_\_

Date : \_\_\_\_\_

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### Section 1F - Consent to release personal information

*(Applicant name)*

I, , consent to the collection and release of applicant information about me as it is collected on this form to an authorized representative of the City of Ottawa for the sole purpose of determining or verifying my eligibility for the Residential Services (Domiciliary Hostel) Program.

Signature of applicant : \_\_\_\_\_

Witness : \_\_\_\_\_

Date : \_\_\_\_\_

Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, sections 8 and 10. Personal information will be used by the City of Ottawa for the purposes of determining eligibility for and the administration of the Residential Services Program. Questions about this collection and use of your personal information may be directed to the Administrative Support Clerk at 370 Catherine St., 3rd Floor, Ottawa, Ontario, K1R 5T5, 613-580-2424 ext. 43511.