

APPLICATION for FOKUS HOUSING

Complete this form and return to:

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APPLICATION PROCESS

1. Once the application has been received, you will be contacted by the Fokus Pre-Selection Committee to determine your eligibility for tenancy.
2. If your application is accepted, you will be asked to provide the following:
 - a. Assessment completed by the Home Care Fokus Team
 - b. An application to the Department of HousingAssistance is available for completing both processes.
3. The application will become active after successful completion of the above steps.
4. All active applications will be sent to available units for consideration. Unit Steering Committees make all final decisions on tenant acceptance.
5. All tenants are responsible for making appropriate arrangements to ensure their own well-being if they are accepted for tenancy.
6. Fokus does not provide any medically related care services.

APPLICATION FOR FOKUS HOUSING

Date of Application: _____

Personal Information

Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Age: _____ Gender: _____
(Optional) (Optional)

Present Accommodation:

(Please check one)

_____ Ten Ten Sinclair Housing Inc. _____ Apartment
_____ Hospital _____ Room & Board
_____ Own Home _____ Nursing Home
_____ Family Home
_____ Other _____
(Please Specify)

Do you require a wheelchair modified apartment? Yes No

Do you require a parking spot? Yes No

Do you have experience sharing attendant staff? Yes No

Please explain your answer:

Medical Information

Disability: _____

Onset of Disability: _____

Is your disability progressive? _____

Do you use any of the following aids: (Check all that apply)

- | | |
|------------------------------|---------------------|
| _____ Manual Wheelchair | _____ Crutches |
| _____ Power Wheelchair | _____ Scooter |
| _____ Communication Aids | _____ Cane |
| _____ Reaching Aids | _____ Transfer Aids |
| _____ Environmental Controls | |

Please provide details:

Work & Education Information

- Are you employed? _____ Work Hours: _____
- Are you in an educational program? _____ School Hours: _____
- Do you regularly participate in other activities? _____

Please provide details:

What do you want Fokus to provide for you?

What skills are you prepared to contribute to Fokus? (ie: Committees)

What does Independent Living mean to you?

Please list 5 of your independent living skills:

Personal Care

Please indicate all activities of daily living for which you are currently receiving assistance. State the frequency (ie: number of times per day and week) and estimated time required to complete these activities. Please provide the total number of hours in a 7 day week that you require assistance.

Note: All schedule times are rounded to the nearest 15 minutes:

10 Minute Task = 15 Minute Call

25 Minute Task = 30 Minute Call

40 Minute Task = 45 Minute Call

50 Minute Task = 1 Hour Call

Personal Care

Task	Frequency	Current Time	Total Time Per Week
Example: Dressing & Undressing	2 x daily	15 minutes	3.5 hours
Wash Hands and Face			
Bath / Shower			
Perineal Care / Bed Bath			
Bowel Routine			
Bladder Routine			
Shampoo / Comb Hair / Blow Dry			
Shave or Apply Make-Up			
Dressing & Undressing			
Range of Motion Exercises			
Ventilator Care			
Jacket assist			
Exercises			
Bath / Shower			

Transfers

Toilet			
Bed			
Wheelchair			
Other			

Housekeeping

Meal Preparation			
Feeding Assistance			
Food Storage			
Clean Up			
Laundry			
Light Housekeeping			
Make Bed			
Change Bedding			
Equipment Maintenance			
Total Weekly Hours			

Please add any additional information or tasks not listed above:

References

Please list three references that are not relatives:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to provide further information which may be necessary to complete this application? _____

DECLARATION

I have read and understand the philosophy of Fokus, including the entrance and exit criteria. In the event that I am accepted for tenancy, I agree to abide by the entrance and exit criteria. I understand that the criteria may be changed or amended by the Fokus Council and I agree to abide by all the democratic decisions of the unit in which I reside and of the Fokus Council.

I authorize the organization to contact my references and to gather other relevant information necessary for this application.

As part of this application, I have signed and dated the letter of understanding.

Signature

Date