

APPLICATION for WESTWOOD CLUSTER 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 Westwood Cluster 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 Cluster 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. Unit Steering Committee will make a decision on tenant acceptance.
5. All tenants are responsible for making arrangements to ensure their well-being if they are accepted for tenancy.
6. Westwood Cluster does not provide any medically related care services.
7. Once approved by the steering committee, you must submit an application to the property management company to be approved.

APPLICATION FOR WESTWOOD CLUSTER 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
_____ Fokus Unit	_____ Room & Board
_____ Own Home	_____ Nursing Home
_____ Family Home	_____ Hospital
_____ 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

Have you directed staff in providing assistance for your needs? Yes No

If so, for how long? _____

Please explain your answer:

Medical Information:

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 Westwood Cluster to provide for you?

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

What does Independent Living mean to you?

Please list 5 of your independent living skills:

Are you prepared to participate in the ongoing day to day management of Westwood Cluster?
Please explain.

What are your reasons for applying to Westwood Cluster?

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

In the event that I am accepted for tenancy, I agree to abide by the guidelines, democratic decisions and philosophy of Westwood Cluster and that of the greater organization, Ten Ten Sinclair Housing Inc.

I authorize the Ten Ten Sinclair Housing Inc. to contact my references and to gather other relevant information necessary for this application.

Name or Signature

Date