

# SUPPORTIVE HOUSING REGISTRATION SERVICE



BC Housing

## Vancouver

297 East Hastings St.  
Vancouver, B.C., V6A 1P2  
Tel: 604 648-4270  
Fax: 604 648-4279  
E-mail: shr@bchousing.org

## Lower Mainland (Outside City of Vancouver)

101 – 4555 Kingsway  
Burnaby, B.C., V5H 4V8  
Tel: 604 433-2218  
Fax: 604 439-4729  
Email: shr@bchousing.org

## Vancouver Island Region

301 – 3440 Douglas St.  
Victoria, B.C., V8Z 3L5  
Tel: 250 475-7550  
Toll Free: 1-800-787-2807  
Fax: 250 475-7551  
Email: shr@bchousing.org

## Interior Region

290 Nanaimo Ave. West  
Penticton, B.C., V2A 1N5  
Tel: 250 493-0301  
Toll Free: 1-800-834-7149  
Fax: 250 492-1080  
Email: shr@bchousing.org

## Northern Region

1539 – 11 Ave.  
Prince George, B.C., V2L 3S6  
Tel: 250 562-9251  
Toll Free: 1-800-667-1235  
Fax: 250 562-6488  
Email: shr@bchousing.org

The Supportive Housing Registration Service provides a single point of access for supportive housing funded through BC Housing. The goal is to facilitate the transition from homelessness to permanent supportive housing by allowing applicants to register once, rather than registering with multiple housing providers.

## Who should use this form?

Low income adults who require support services to achieve successful tenancies and:

- Are homeless or at risk of homelessness
- May have mental and/or physical health needs
- Need safe, affordable housing; or
- Current supportive housing tenants applying for a transfer to a supportive housing location that will better meet their needs.

## Instructions for completion:

**Step #1:** Complete the “*Applicant Information*” section on pages 2-3.

**Step #2:** The applicant must sign and date the “*Declaration*” section on page 4.

**Step #3:** Optional: If the applicant wants to allow BC Housing to release information regarding this application to an organization that has helped with this application, the applicant must provide consent on page 4.

**Step #4:** Submit the application to the Supportive Housing Registration Service at one of the locations listed in the left hand column.

**NOTE:** *If faxing application, only pages 2, 3 and 4 are required.*

➤ **Application Type**  Regular  Transfer Request

# SUPPORTIVE HOUSING REGISTRATION SERVICE

## Applicant Information

➤ **Questions 1 – 5** are required for you to be put on the Supportive Housing Registry.

1. First Name	Last Name	Alias/Nickname (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. **Date of Birth** \_\_\_\_\_  
( D D / M M / Y Y Y Y )

3. **Gender**  Male  Female  Other  
If other, please specify: \_\_\_\_\_

4. **What city or town do you currently live in?** \_\_\_\_\_

5. **Please indicate what area of the province you want to live:**  Vancouver  Southern Interior  
 Lower Mainland (Outside City of Vancouver)  Vancouver Island  Northern Interior

➤ **Questions 6 – 7** are collected for planning and reporting purposes. Answers do not affect your eligibility for supportive housing.

6. **Do you identify as being an Aboriginal person of Canada?**  Yes  No  
 First Nations  Métis  Inuit  Other

7. **Do you have any health conditions or disabilities?**

<input type="checkbox"/> Mental health concern	<input type="checkbox"/> Problematic substance use
<input type="checkbox"/> Physical health concern - describe: _____	<input type="checkbox"/> Other - describe: _____
_____	_____
_____	_____

➤ **Questions 8 – 13** help determine your eligibility for supportive housing and help match you to housing that can meet your needs.

8a. **Please indicate your current living situation:** (not required for Transfer Requests)

<input type="checkbox"/> SRO	<input type="checkbox"/> Detox	<input type="checkbox"/> Shelter	<input type="checkbox"/> Hospital	<input type="checkbox"/> Treatment facility
<input type="checkbox"/> Staying with friends	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other	If other, please specify: _____	

\_\_\_\_\_

How long have you been in this living situation? (in days, months, or years). \_\_\_\_\_

How long since you last had stable housing? (in days, months, or years). \_\_\_\_\_

continued on next page...

**8b. Your current living situation:**

Is there any length of stay deadline in your current living situation?  Yes  No

If yes, what is the date your living situation will end? ( D D / M M / Y Y Y Y )

Why do you need or want to move? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9a. Do you prefer to live in one or more of the following types of housing?**

Aboriginal focused  Alcohol and Drug Free  Women Only  No Preference

**9b.  I will or  I will not accept housing offers in buildings that do not match my preferred housing type(s).**

**10. Do you require wheelchair accessible housing?**  Yes  No

**11. Do you have problems with stairs?**  Can manage stairs  Cannot manage stairs  
 Can manage limited number of stairs **If limited number,** please indicate how many: \_\_\_\_\_

**12. Pets?** Do you have a pet?  Yes  No **If yes,** please specify what kind and how many: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Please indicate any sources of income:**  No Income

Income Source	Amount \$

**➡ Questions 14 – 15 help us find you when housing is available.**

**14. Is there an organization helping you complete this application?**  Yes  No

**If yes,** please provide contact information for the organization:

Contact or Organization Name	Contact Phone Number	Contact E-mail	Contact's Relationship to You
	(     )		

**15. Contact Information**

**Please provide your contact information in the first line,** and then the names of other people who have the ability to help us locate you and/or verify the information provided in this application. This could include, but is not limited to, health care professionals, income assistance, mental health team, outreach or case workers, close relatives, etc.

Contact or Organization Name	Contact Phone Number	Contact E-mail	Contact's Relationship to You
	(     )		
	(     )		
	(     )		

# Signed Declaration and Consent to Share Information:

## Declaration and Consent:

- I am providing personal information about myself in order to be considered for subsidized supportive housing.
- I understand that my information may be shared between BC Housing and other supportive housing providers to match me with housing that will best meet my needs.
- My personal information is collected under section 26 (c) of the *Freedom of Information and Protection of Privacy Act* and/or section 10 (1) and 11 of the *Personal Information Protection Act*. My personal information will be used only to help me as permitted by the privacy laws.
- I give permission for BC Housing or any supportive housing provider to communicate with the contacts I have identified in Questions 14 and 15 to verify the information I have provided.
- This consent remains effective from the date of signing until I am housed, my application is cancelled, or I contact the Supportive Housing Registration Service to cancel my application.
- I understand that if I am a current supportive housing tenant requesting a transfer and I move out, my application may be cancelled if the Supportive Housing Registration Service is unable to reach me to update my file.

INITIAL (Optional) By initialing, I consent that the Supportive Housing Registration Service can provide information regarding the status of my application to the organization named in Question 14.

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## Withdrawing consent:

Consent can be withdrawn at a later date, but by legislation BC Housing cannot destroy information previously collected. From the date your consent is withdrawn, your personal information will not be shared between BC Housing and other supportive housing providers.

If you have questions about your personal information, please call or write the Privacy Officer at BC Housing, #1701-4555 Kingsway, Burnaby, BC V5H 4V8, 604 433-1711.

## Transfers Only:

This section must be completed by either a housing provider or a support worker when a current supportive housing tenant applies for a transfer to relocate to a different supportive housing location.

Transfer Request Supported?  Yes  No

Current Development Name: \_\_\_\_\_ Current Unit Number: \_\_\_\_\_

Reason(s) for Transfer Request (please describe) \_\_\_\_\_

Completed by:  Housing Provider or  Support Worker \_\_\_\_\_

SIGNATURE

Name (Print)	Date	Phone Number	E-mail
_____	_____	( _____ ) _____	_____