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.*
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) ______________________

2. Date of Birth ______________________

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?

□ Mental health concern  □ Problematic substance use

□ Physical health concern - describe: ______________________  □ 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)

□ SRO  □ Detox  □ Shelter  □ Hospital  □ Treatment facility

□ Staying with friends  □ Homeless  □ 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

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount $</th>
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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:

<table>
<thead>
<tr>
<th>Contact or Organization Name</th>
<th>Contact Phone Number</th>
<th>Contact E-mail</th>
<th>Contact’s Relationship to You</th>
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</thead>
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</table>

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.

<table>
<thead>
<tr>
<th>Contact or Organization Name</th>
<th>Contact Phone Number</th>
<th>Contact E-mail</th>
<th>Contact’s Relationship to You</th>
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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.

(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.

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

(  )