



# Creative Centre Society

## Application for Subsidized Housing

Nelson Place Apartments  
33522 George Ferguson Way  
Abbotsford, BC V2S 2L8

### Applicants Information

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

Phone #: \_\_\_\_\_ MSP #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Current Address: \_\_\_\_\_

### Contact Information

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mental Health Case Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial Assistance Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Psychiatric Information

1. Diagnosis: \_\_\_\_\_ Year Diagnosis Made (age): \_\_\_\_\_

2. Current Medication: \_\_\_\_\_

3. Does the client understand the need for medication?

Yes / No / Yes & No

4. Is the client willing to take medication?

Yes / No / Sometimes

5. Does the client participate in follow-up activities?

Yes / No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Previous Hospitalizations (hospital & year): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Client's insight into and perception of illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Current community involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Present living arrangements and length of time of arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Amount of Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

13. Client's relationship with Mental Health Case Manager, staff and community

resources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Client's coping difficulties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Anticipated problems client may have with independent living in subsidized housing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Client's history of violence/suicidal/homicidal ideation or behavior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Other related health problems (including allergies): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Client's personality characteristics (including strengths): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Signs of decompensation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

20. Related and current history:

Alcohol: \_\_\_\_\_  
\_\_\_\_\_

Drugs: \_\_\_\_\_  
\_\_\_\_\_

Forensic/Criminal: \_\_\_\_\_

\_\_\_\_\_

Tobacco: \_\_\_\_\_

\_\_\_\_\_

21. Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Recommendation and reason for application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\* This is a non smoking building

Interviewers Use Only

Name of Interviewers: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_