



THE SALVATION ARMY GRACE MANSION

596 East Hastings Street

Vancouver BC V6A 4K9

Phone: 778-329-0674 Fax 778-329-0679

APPLICATION FOR TRANSITIONAL SUPPORTIVE HOUSING

Background and Information

Grace Mansion exists to provide residents with the opportunity to examine their hopes and dreams for the future, identify goals, and work with staff to see those dreams and goals realized while living in a safe, affordable and supportive environment, while in transition (for a period of up to twenty four months) where they can receive the rehabilitative services we provide.

Grace Mansion is designated as an alcohol and drug free facility as well as a non-smoking building. Staff will be on-site 24 hours a day and 7 days a week to provide supportive services.

Residents must be free from alcohol and drug use and will be expected to develop and implement a Personal Development Plan.

Residents must be proven to be self-sufficient, self-reliant and working towards greater independence and stability and have a source of income that meets the criteria used to determine eligibility for subsidized housing.

Eligibility will also be considered based on those who are at risk of becoming homeless because of a physical, social or mental condition or disability.

Important Information

- Please provide day and evening phone numbers, message phone number or the phone number of a contact person so that The Salvation Army Grace Mansion staff can contact you if needed.
- Please call by the end of the week following your application to confirm that the processing of your application has taken place.
- It is your responsibility to contact us monthly while on the waiting list should you desire to be accommodated and to keep your application active.
- Please update your application if any of your information changes, this is especially important when you change contact information – phone number or address.
- Applicants where there has been no contact or follow up for a period longer than three months will be considered inactive.

Should you have any questions or need further information, please contact *Ryan Reid, Director of Residential Services or Major Elizabeth Grad, Assistant Executive Director*

Grace Mansion Phone Number 778-329-0674



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If your application is incomplete or illegible, it will not be processed. Please **PRINT CLEARLY**.

To increase your chances of being considered for occupancy and services at Grace Mansion, please print clearly and **complete all sections** of the application form.

PERSONAL INFORMATION			
Surname:	Given Name(s):	Date of birth: / / mm/dd/yyyy	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Current Address: _____ Unit # - Street # Street Name _____ City			Phone number: / / Message Number / /

IMMEDIATE NEED FOR HOUSING (Choose 1 only)		
<input type="checkbox"/> From Treatment Date entered Tx: / / mm/dd/yyyy	<input type="checkbox"/> From Corrections – Jail Release Date: / / mm/dd/yyyy	<input type="checkbox"/> Eviction/Lease ending Date ending: : / / mm/dd/yyyy
<input type="checkbox"/> Family Breakdown / Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Other (Please specify):	<input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Government Assisted Refugee	<input type="checkbox"/> Fire/Unsafe Premises <input type="checkbox"/> Transient Lifestyle

FACTORS (BARRIERS) THAT CONTRIBUTE TO BEING AT RISK OF HOMELESSNESS AT PRESENT (Choose all that apply)		
<input type="checkbox"/> Partner Abuse	<input type="checkbox"/> Gambling Addiction	<input type="checkbox"/> In conflict with the Law
<input type="checkbox"/> Family Breakdown	<input type="checkbox"/> Substance Abuse – Alcohol	<input type="checkbox"/> Unsafe Housing
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Substance Abuse – Drug related	<input type="checkbox"/> Financial Management
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Other (Please specify):		

HOUSING HISTORY				
Please list the last three addresses you lived at:				
Address	Dates		Landlord's Name	Phone #
	From	To		
1. _____				
2. _____				
3. _____				
Reason for seeking Transitional Accommodation at Grace Mansion:				

Reason for seeking Supportive Rehabilitative Services at Grace Masion				



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PERSONAL INFORMATION CONTINUED	
SIN Number (Optional):	Medical Care Card #
Worker (social, counsellor):	Phone Number:
Referral Agency:	Phone Number:
EMERGENCY CONTACT	
Surname:	Given Name(s):
Relationship:	Phone Number:
City:	Province:
HOUSING HISTORY	
Last type of Housing: <input type="checkbox"/> My own house or apartment <input type="checkbox"/> Rooming House <input type="checkbox"/> Hotel <input type="checkbox"/> SRO <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Hostel <input type="checkbox"/> Jail <input type="checkbox"/> Shared Accommodation Other (Please specify): _____	
Where were you Living 1 year ago? City: _____ Province: _____ Outside of Canada? <input type="checkbox"/>	
Length of time without stable housing: _____ months _____ years	
FACTORS (BARRIERS) THAT CONTRIBUTE TO HOUSING IN THE PAST (Choose all that apply)	
<input type="checkbox"/> Partner Abuse <input type="checkbox"/> Gambling Addiction <input type="checkbox"/> In conflict with the Law <input type="checkbox"/> Family Breakdown <input type="checkbox"/> Substance Abuse – Alcohol <input type="checkbox"/> Unsafe Housing <input type="checkbox"/> Medical Condition <input type="checkbox"/> Substance Abuse – Drug related <input type="checkbox"/> Financial Management <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Anger Management <input type="checkbox"/> Other (Please specify): _____	
HEALTH CONDITION	
Do you have any of the following? (Check all that apply)	
<input type="checkbox"/> Physical Disability Nature of Disability: _____	<input type="checkbox"/> Mental Illness (Past or Present) Nature of Illness: _____
<input type="checkbox"/> Substance Use (Past or present) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medical Condition(s)? <input type="checkbox"/> HIV+ <input type="checkbox"/> Diabetes <input type="checkbox"/> TB <input type="checkbox"/> HEP C <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Other (Please specify): _____	
MEDICATIONS (Please list all prescription drugs you are taking): _____ _____ _____	

Signature: _____ Date (mm/dd/year): _____