



# *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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Call Jennifer Ridgeway at 604.850.1168 if you have any questions.

Please fax application to Creative Centre Society at 604.850.1190.

Or email to [creativecentresociety@gmail.com](mailto:creativecentresociety@gmail.com)