

APPLICATION FOR FOKUS HOUSING

APPLICATION PROCESS:

1. Fully complete the application form and return it to:
Director of FOKUS HOUSING
1010 Sinclair St.,
Winnipeg, Manitoba
R2V 3H7
2. You will be contacted by the Fokus Pre-selection Committee to determine your eligibility for tenancy.
3. If your application is accepted you will be asked to provide the following:
 - a. an assessment completed by the Home Care Fokus Team.
 - b. an application to the Department of Housing.We will assist you in the completion of both processes.
4. The application will become active after successful completion of the above steps.
5. All active applications will be sent to available units for consideration. Unit steering committees make all final decisions on tenant acceptance.
6. All tenants are responsible for making appropriate arrangements to ensure their own well being if they are accepted for tenancy.
7. All tenants recognize that FOKUS does not provide any medically related care services.

APPLICATION FOR FOKUS HOUSING

DATE OF APPLICATION _____

A. PERSONAL INFORMATION:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

AGE: _____ GENDER: _____
(optional) (optional)

PRESENT ACCOMMODATION: (PLEASE CHECK ONE)

TEN TEN Sinclair Housing Inc.	___	Nursing Home	___	
Apartment	___	Room & board	___	
Own home	_____	Hospital	_____	
Family home	___	Other	___	Please specify: _____

Do you require a wheelchair modified apartment? _____

Do you require a parking spot? _____

Do you have any experience in sharing attendant care staff? _____

Have you ever directed staff in providing your assistance needs? _____

Please explain your answer. _____

B. MEDICAL INFORMATION:

DISABILITY: _____

ONSET OF DISABILITY: _____

IS YOUR DISABILITY PROGRESSIVE? _____

C. DO YOU USE ANY OF THE FOLLOWING AIDS:

___ Manual Wheelchair

___ Electric Wheelchair

___ Crutches

___ Cane

___ Scooter

___ Transfer Aids

___ Communication Aids

___ Environmental Controls

___ Reaching Aids

Please Specify: _____

D. PERSONAL CARE:

Please check all activities of daily living which you currently receive assistance. Please state the frequency (ie: number of times per day or week) and estimate of the time required to complete these activities.

TYPE OF CARE:

ESTIMATE OF TIME

_____ Wash hands/face _____

_____ Bath/shower _____

_____ Shampoo/comb hair _____

_____ Shave/apply make-up _____

_____ Dressing _____

_____ Bowel Routine _____

_____ Bladder Routine _____

TRANSFERS TO AND FROM:

___ Tub	_____
___ Toilet	_____
_____ Bed	_____
___ Wheelchair	_____
_____ Other	_____

E. HOME MAKING ACTIVITIES:

___ Preparation\cooking	_____
___ Eating	_____
___ Food storage	_____
___ Clean-up	_____
___ Make\change bed	_____
___ Laundry	_____
___ Light cleaning\dusting	_____
___ Other	_____

Any other additional information: _____

F. Are you employed? _____ At what times: _____

G. Are you enrolled in an educational program? _____

H. Do you participate regularly in other activities? _____

Please specify: _____

Please list three references other than relatives. (If you are currently in a shared care setting like Fokus, Clusters or 1010, please list at least one tenant that you share services with.)

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you willing to provide further information which may be necessary for the completion of this application? _____

DECLARATION:

I have read and understand the philosophy of Fokus including the entrance and exit criteria. In the event that I am accepted for tenancy I agree to abide by the entrance and exit criteria. I understand that the criteria may be changed or amended by the Fokus Council and I agree to abide by all the democratic decisions of the unit in which I reside and of the Fokus Council.

I authorize the Organization to contact my references and to gather other relevant information necessary for this application.

As part of this application I have signed and dated the letter of understanding. (Please leave Fokus Unit, Location and Apartment number blank, these will be used if your application is successful and you are offered an apartment.)

SIGNED: _____

DATE: _____

Applicants must complete the Letter of Understanding. A signed copy must be sent to the Director of Fokus Housing. **Please do not fill in a Unit location or an Apartment number.**

FOKUS COUNCIL

1010 Sinclair St., Winnipeg, Manitoba
R2V 3H7
Telephone (204) 339-9268 ext 236 Fax(204) 663-1016

Representing the Fokus Units

Fokus One
375 Assiniboine

Fokus Two
15 Kennedy

Fokus Three
299 Queen

Fokus Four
90 Garry

Letter of Understanding

I _____ understand that the tenants at Fokus _____
tenant applicant unit number
located at _____ are offering apartment _____ to me.
address of Fokus unit

In recognition of this offer, I accept the concept that Fokus is a shared attendant services model and that the apartment is being offered to me based upon:

- a. my agreement and ability to abide by the Fokus Philosophy, Entrance and Exit Criteria,
- b. my willingness to pool my assessed hours and to share Fokus Attendant Care staff.
- c. my understanding and acceptance that I am responsible for my own personal care and that I must provide clear and proper direction to staff at all times on how my services are to be provided. I agree not to ask staff to perform any functions which may cause injury to themselves or to myself. I accept responsibility for all actions and consequences if I do not provide clear direction to staff while they are performing my attendant care services.

I understand that membership in the Fokus Unit gives me an opportunity to participate in the democratic processes of the Fokus Organization through membership on the Unit Steering Committee and or the Fokus Council.

I understand and agree that should I no longer wish to receive my attendant care services from the staff of the Fokus unit or, if I no longer meet the Entrance and Exit Criteria, I will vacate the apartment and allow another applicant to move in who wishes to share attendant care services with the remaining tenants. I agree to provide the Fokus unit with 60 days notice of my intention to vacate.

Applicant Date

Fokus Unit Representative Fokus Unit Representative