



RESIDENCY APPLICATION FORM

What is Harmony House?

Harmony House is a Second Stage Shelter residence for women and their children who are survivors of violence. We provide a transitional period from crisis shelter services to independent living in the community. We provide safe and affordable housing up to one year along with programs of individual and group support, accompaniment, advocacy, and referral.

Who is eligible to apply?

Residency is available to any women over the age of 16 with or without children who have already or are planning to exit an abusive relationship and need a community where you can build your skills to be independent.

Residency Requirement

Residents are required to pay rent based on income. Residents are required to participate in Harmony House Programming. If the resident does not currently have any income they will work with Harmony House staff and other referred agencies to supplement their rent.

Privacy Declaration

All personal information collected is confidential; it may be used anonymously for statistical purposes and, for service delivery by Harmony House Staff. No information will be shared with anyone outside of the organization without the permission of the applicant or when required by law.



Please note: It is important that you answer all the questions this will enable us to determine your eligibility for residency.

Date of Application: _____

A. PERSONAL INFORMATION:

1. First Name: _____
Last Name: _____
2. Current Address: _____
3. Current Telephone Number: _____
Is it safe to leave a message at this number: Y N
4. Email Address: _____
Is it safe to email you Y N
5. Preferred method of contact Phone Email
6. Alternate Name and Contact Number: _____
7. Self-Referral: Y N

Or

Referral Agency: _____
Worker's contact info: _____

8. Date of Birth (DD/MM/YYYY) ____/____/____
9. Do you require cultural interpretation for an interview? Y N
If yes, which language: _____
Country of origin: _____



10. Please list the names, birth dates and gender of any children living with you and not living with you:

Name	Date of Birth(dd/mm/yy)	Gender	Living with you
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

11. Are you currently involved with Children's Aid? Y N

12. Status in Canada: Canadian Citizen

Landed Immigrant/Permanent Resident

Refugee Claimant

No Status

13. How did you find out about Harmony House?

<input type="checkbox"/> Shelter staff
<input type="checkbox"/> community support worker
<input type="checkbox"/> health care professional
<input type="checkbox"/> friend
<input type="checkbox"/> other (please list)

14. Do you have any health problems or limitations we should be aware of?

Please explain: _____

15. Have you and/or your children come into contact with bed bugs?

Y N If yes, have you followed the bed bug protocol: Y N



16. Do you have pets? Y N

If yes, do you have somewhere safe for your animal to go? Y N Please elaborate: _____

B. CURRENT HOUSING SITUATION

1. Are you currently Homeless? Y N

2. Where are you staying now:

<input type="checkbox"/> Hospital	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Abused Women's Emergency Shelter
<input type="checkbox"/> Motel	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> At Home and/or with Abuser	<input type="checkbox"/> Other (please explain)

3. If you are applying from a shelter, what date were you admitted to that shelter? (dd/mm/yy)

___/___/___

4. If you are not applying from a shelter, what date did you leave the abusive relationship? (dd/mm/yy) ___/___/___

5. If you are still currently at home and/or with your abuser when do you plan on leaving: (dd/mm/yy)

___/___/___

If you have not yet left or are planning to leave would you like assistance with making a safety plan/exiting plan: Y N If yes when is a good time to contact, you:

Time: _____ Phone: _____ Email: _____

6. Have you applied for subsidized housing through the Social Housing Registry of Ottawa: Y N

7. If yes, what status have you received?

Special Priority Urgent-Safety Priority Medical Priority

Homeless Status Chronological Don't Know



C. INCOME INFORMATION

1. Income Source

Harmony House supportive residency program operates from a rent-geared-to-income basis therefore; we need to ensure your ability to pay rent.

**If you currently do not have an income you need to be willing to work with other agencies and staff to secure an income. Would you be willing to work with these agencies and staff on securing an income: Y N

Source	Monthly Amount
Ontario Works(OW)	
Ontario Disability Support Program (ODSP)	
Canada Pension Plan (CPP) Disability	
Employment Insurance (EI)	
Salary/Wages	
Insurance	
Pension	
Other	
Total Monthly Income	

2. If you have applied for one of the above sources but are not receiving it, please provide details:

3. Do you have a public trustee Y N

If yes, please provide contact name and information:

4. If your income is OW or ODSP please provide the contact information of your income assistance worker:

D. INFORMATION REGARDING THE ABUSE

1. Name of Abuser _____

2. Address of Abuser: _____

3. Relationship to the person abusing you: _____

TYPES OF ABUSE EXPERIENCED

1. Have you experienced any of the following? Please check all that apply.

	Once	Occasionally	Frequently
Isolation (restricting your freedoms, keeping you away from family, friends)			
Male Privilege (treating you like a servant, demanding obedience, treating you like an inferior)			
Threats and Psychological Abuse (threatening, harassment, stalking, depriving you of sleep or food, turning people against you, destruction of personal items)			
Economic Abuse (withholding money or necessities, restricting you to an allowance, building up debts, making you account for you money, making you turn over earnings)			
Intimidation (sudden mood changes, shouting, hitting or throwing things, killed or neglected animals/pets, giving you the silent treatment)			
Emotional (insults, criticism, blaming, undermining your parenting, calling you names, putting down your appearance)			
Sexual Abuse (withdrew affection, excessively jealous, did not allow birth control, non-consensual use of objects, use of sex as a punishment, sex accompanied by violence or threats, pressured or forced sex)			
Physical Abuse (threw you, punched you, bit you, shook you, pulled your hair, choked you, covered your mouth, threatened you with a weapon or used a weapon to hurt you, assaulted you when you were pregnant)			



2. Does this person have access to guns or other weapons? Y N

If yes, please explain: _____

3. Has this person ever threatened to kill you, your children or others? Y N

If yes, please explain: _____

4. Is there any other way in which this person(s) is a danger to you and /or your children? _____

5. Have any charges been laid? Y N If yes, please explain:

6. Do you have any of the following orders in place?

Peace Bond Restraining Order Custody

7. Please list any upcoming court dates:

F. NEEDS ASSESSMENT

1. What kinds of supports do you feel you need?

	Yes	No
Legal		
Education		
Financial		
Employment		
Counselling		
Medical		
Parenting Support/Tools		
CAS Navigation/Support		
Immigration		
Housing		
Other (please explain)		



2. In addition to the above supports, Harmony House has mandatory program participation. Examples of the in-house programs for you and your children are; Sisterhood Peer Support, Child Care Respite, Food Bank, Community Kitchen and Health and Wellness Sessions. Please tell us how living at Harmony House and accessing these programs will be of benefit to you and/or your children:

3. Are there any other programs or supports that are not listed that you or your children could benefit from: _____

NEXT STEPS (IMPORTANT):

Once we receive this complete application the Women's Advocate will contact the applicant to confirm any additional info needed. Please note that Harmony House has a dynamic waitlist therefore; the Women's Advocate will continuously contact you throughout the waiting period to determine your continued interest.

If you are approved for residency, the Women's Advocate will contact, you to schedule an interview.

***** If we do not get a response after calling and/or emailing you **THREE** times your name will be automatically removed from the waitlist so please [email](#) or call if your info changes.

If someone assisted, you in filling out this application form please state their name and their relationship to you.

N/A

Name: _____

Relationship to Applicant: _____



DECLARATION

The information you give will be kept confidential.

This is your agreement with us. We promise that your confidentiality will be respected. You agree to what is set out below. Please read it carefully before signing.

1. I DECLARE:

This is my application and all the information in it is true and complete to the best of my knowledge.

2. I PERMIT:

Harmony House to verify any of the information I have provided in this application to assess my eligibility for second stage residency.

3. I ACKNOWLEDGE AND UNDERSTAND THAT:

It is my responsibility to inform Harmony House of any changes to my contact information.

If I wish to withdraw the Consent, I may do so at any time in writing to Harmony House, however withdrawal of this consent will result in my being ineligible.

Applicant's Signature

Date

(Modified on May 1, 2018)