# Sue Bujold Floor, Application

# General Information

(Please fill in electronically, and then print for signature. Either mail in or scan and email)

|  |  |
| --- | --- |
| **Name:** |       |
| **Gender Identification:** | [ ]  Female [ ]  Trans       [ ]  Other       |
| **Today’s Date:** |       | **Birthdate:** |       |
| **Primary Phone:** |       | **Other Phone:** |       |
| **Address:** |       |
| **City, Province:** |      , BC | **Postal Code:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently homeless or precariously housed?  |  | [ ]  Yes | [ ]  No |
| Do you live in a Single Room Occupancy hotel in the DTES? |  | [ ]  Yes | [ ]  No |
| Is your current housing operated by: |  | [ ]  Atira Women’s Resource Society |
|  |  | [ ]  Atira Property Management Inc. |
|  |  | [ ]  Other society:  |       |
|  |  | [ ]  Privately owned:       |       |
| Do you have any health conditions or disabilities? |  | [ ]  Mental health concern |
|  |  | [ ]  Problematic substance use. |
|  |  | [ ]  Physical health concern - describe: |
|       |
|       |
|       |

|  |  |  |
| --- | --- | --- |
| What is the best way to contact you?  |  |       |
| What day of the week and time of day is best to reach you? |  |       |

How did you find out about the Sue Bujold program?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Atira’s website |  | [ ]  | Your doctor or nurse |
| [ ]  | Referral from another organization |  | [ ]  | Volunteer website:  |       |
| [ ]  | Atira’s Homeless Prevention program |  | [ ]  | Newspaper or magazine: |       |
| [ ]  | A friend |  | [ ]  | Other: |       |

## Emergency Contact Information

|  |  |
| --- | --- |
| **Emergency Contact:** |       |
| **Relationship to You:** |       |
| **Primary Phone:** |       | **Other Phone:** |       |
| **Address:** |       |
| **City, Province:** |      , BC | **Postal Code:** |       |

Additional Questions

### Personal Information

*Information is collected for planning and reporting purposes. Answers do not affect your eligibility for housing.*

|  |  |  |  |
| --- | --- | --- | --- |
| Do you identify as being an Aboriginal person of Canada? |  | [ ]  Yes | [ ]  No |
|  |  | [ ]  First Nations | [ ]  Métis  | [ ]  Inuit | [ ]  Other       |

***Mobility***

|  |  |  |  |
| --- | --- | --- | --- |
| Do you use a wheelchair or walker?  |  | [ ]  Yes | [ ]  No |

### Additional Questions

|  |  |  |  |
| --- | --- | --- | --- |
| Do you smoke? |  | [ ]  Yes | [ ]  No |
| Are you willing to sign a non-smoking agreement? |  | [ ]  Yes | [ ]  No |

Anything else you wish us to know?

|  |
| --- |
|       |
|       |
|       |

## Signature

|  |  |
| --- | --- |
| Signature: |  |
| Printed Name: |       |
| Date: |       |