Updated: Dec '24

Head Injury Rehabilitation Ontario

APPLICATION FOR SERVICE
SUPPORTED APARTMENTS

Tel: 905-523-8852 ext. 123 **Fax:** 905-523-8211
Email: admissions@hiro.ca **Web:** www.hiro.ca

Veuillez communiquer avec nous pour obtenir la version française de la demande de services.

TO BE COMPLETED BY **APPLICANT / REFERRAL SOURCE**

ELIGIBILITY CRITERIA

Please review the following criteria for HIRO's Supported Apartments.

The applicant must:

- ❑ have a diagnosis of an acquired brain injury, as confirmed by a physician;
- ❑ be eighteen years of age or older;
- ❑ not be diagnosed with a progressive or degenerative disease/disorder;
- ❑ not be diagnosed with a developmental disability, in-utero/at birth ABI, or pediatric (<16) ABI;
- ❑ demonstrate capacity for functional rehabilitation;
- ❑ be willing to relocate to Hamilton;
- ❑ be insured under OHIP;
- ❑ not have active substance abuse issues or use non-prescribed marijuana;
- ❑ will disclose income for subsidy purposes
- ❑ be medically stable (and not require intramuscular injections, hospital-only administered medications, or access to nursing 24/7),
  Clients requiring any intramuscular injections will be considered on a case-by-case basis.
- ❑ be psychiatrically stable such that it will not interfere with participation in rehabilitation.

If the applicant meets the eligibility criteria listed above, please proceed with completing the application.

REHABILITATION SERVICES INFORMATION

Please identify other services you have applied to:

HOUSING:

- ☐ Indwell
- ☐ March of Dimes
- ☐ Good Shepherd
- ☐ Christian Horizons
- ☐ OTHER: _____

ABI SERVICES:

- ☐ Connect Communities
- ☐ Hamilton Brain Injury Association (HBIA)
- ☐ Hamilton Health Sciences (ABI Program)
- ☐ Brain Injury Community Re-entry (BICR)
- ☐ Brain Injury Association Niagara (BIAN)
- ☐ OTHER: _____

PERSONAL INFORMATION

Applicant's Name: _____ ☐ Male ☐ Female ☐ Other
(first name) (last name)

Health Card Number: _____/_____ Expiry Date: _____
Applicant must have a valid physical copy of their health card version code DD/MM/YYYY

Date of Birth: _____ Date of Application: _____
DD/MM/YYYY DD/MM/YYYY

Current Living Situation:

☐ House/Apartment ☐ Supported Housing ☐ Residential Care Facility ☐ Hospital ☐ Long Term Care Facility ☐ Unsheltered

☐ Other: _____

Address: _____
Number Street City Postal Code Apartment(Intercom #)

Home Telephone: _____ Cell Phone: _____

Email Address: _____

If/when discharged from HIRO, please identify anticipated discharge location: _____

Marital Status: ☐ Single ☐ Married/Common Law ☐ Separated/Divorced ☐ Other:_____

Primary Language: ☐ English ☐ French ☐ Other: _____ Interpreter Required: ☐ Yes ☐ No

Decision Maker (Property): Name _____ Telephone:_____

Designation: ☐ Self ☐ Substitute Decision Maker ☐ Power of Attorney ☐ Public Guardian & Trustee ☐ Statutory Guardian
**Power of Attorney, Public Guardian & Trustee, Statutory Guardian and/or capacity assessments or documents must be attached.*

Decision Maker (Personal Care): Name _____ Telephone:_____

Designation: ☐ Self ☐ Substitute Decision Maker ☐ Power of Attorney ☐ Public Guardian & Trustee ☐ Statutory Guardian
**Power of Attorney, Public Guardian & Trustee, Statutory Guardian and/or capacity assessments or documents must be attached.*

BRAIN INJURY INFORMATION

Date of Brain Injury: _____
DD/MM/YYYY

Cause of Injury: _____
(anoxia, assault, motor vehicle accident, fall etc.)

REFERRAL INFORMATION

Who is making the referral? ☐ Myself (if self, move to next section) ☐ Family Member ☐ Friend

☐ Community Service Provider ☐ Case Manager ☐ Lawyer

Name: _____ Position/Relationship: _____

Telephone:_____ Fax: _____ Email: _____

RELEVANT TREATMENT HISTORY (including current services)

Program/ Facility/ Hospital or Agency	Contact Information (name, position, phone number, email, fax)	Dates Involved

SUPERVISION NEEDS REQUIREMENTS

To be considered for a HIRO Supported Apartment, the below requirements must be met.

The applicant must:

Medical Considerations

- ❑ be independent in administering medications between 10:45pm-7:30am. Assistance in administering oral medications can be provided between the hours of 7:30AM – 10:45PM.

Passive Supervision

- ❑ be safe to be unsupervised between the hours of 11pm-7:30am
- ❑ be safe to be unsupervised for up to 2 hours at a time (daytime hours)

Behaviours and Emotional Support

- ❑ demonstrate daily motivation to participate in daily life tasks.

Personal Care Needs

- ❑ be independent in all personal care (mobility, transfers, toileting, showering, and feeding);
- ❑ be independent to transfer on/off a low toilet and enter/exit a tub-shower without a tub transfer bench. Our apartments all have tub-shower configurations with grab bars;
- ❑ not require a mobility scooter or electric wheelchair. Due to the size of the apartment, applicants requiring these mobility aids will not be eligible;
- ❑ have sufficient standing tolerance to prepare a basic meal in the galley kitchen, without a mobility device or chair;
- ❑ must be independent in simple instrumental activities of daily living (e.g. preparing tea or coffee, preparing a microwave meal or cold dish such as cereal, taking the garbage to the garbage chute, putting laundry in a laundry basket, and basic cleaning).

Capacity for Rehabilitation

- ❑ be oriented to person, place, and generally time;
- ❑ have basic self-awareness (e.g. able to notice if incontinent, if hungry, to select appropriate clothes for the weather etc.);
- ❑ follow multi-step commands;
- ❑ sustain attention for longer than 30 minutes;
- ❑ respond to compensatory strategies and/or demonstrates some retention of new learning;
- ❑ demonstrate a tolerance for 2-3 structured rehabilitation programming sessions per day (45-60 min per session) for 5-6 days per week.

HIRO does not offer permanent housing. The intended length of stay is up to four (4) years. Considerations for extension may be applied.

REHABILITATION GOALS

Please identify potential goals for rehabilitation, if admitted:

- ☐ Routine Development
- ☐ Housekeeping
- ☐ Volunteering
- ☐ Working
- ☐ Gym or Exercise
- ☐ Social/Group options
- ☐ Personal Hygiene (showering regularly etc.)
- ☐ Meal Preparation or Nutrition
- ☐ Banking or Financial Skills
- ☐ Leisure Engagement
- ☐ Bus Utilization Skills
- ☐ Other: _____
- ☐ Sleep Hygiene
- ☐ Shopping
- ☐ Schooling
- ☐ Social Skills
- ☐ Maintain Sobriety

FINANCIAL INFORMATION

Please specify public source(s) of income:

- ☐ Ontario Disability Support Program (ODSP)
- ☐ Ontario Works (OW)
- ☐ Canada Pension Plan (CPP)
- ☐ Old Age Security (OAS)
- ☐ Veterans Affairs Canada
- ☐ Employment Insurance (EI)
- ☐ Full Time Employment
- ☐ Part Time Employment

Monthly Income: _____

These apartments are offered in conjunction with City Housing Hamilton.

City Housing Hamilton requires the following items to process an application for tenancy:

- ❑ Notice of Assessment;
- ❑ Confirmation of income;
- ❑ 2 pieces of identification (one a Birth Certificate)

If you require assistance in obtaining these items, please contact HIRO for support.

Please identify applicable private funding sources:

- ☐ Long Term Disability (Private)
- ☐ Motor Vehicle Insurance
- ☐ Workplace Safety Insurance Board (WSIB)
- ☐ Extended Health Benefits
- ☐ Settlement
- ☐ Other: _____

Please attach any third party or private insurer information, if applicable.
If involved in litigation, please attach relevant contact information (e.g. legal counsel, case management).

EMERGENCY CONTACT

Emergency Contact Name: _____
(first name) (last name)

Relationship: _____

Address: _____
Number Street City Postal Code Apartment(Intercom #)

Home Telephone: _____ Cell Phone: _____

Email Address: _____

MANDATORY FURNISHINGS

Clients will not be admitted without the following minimum furnishings and personal belongings:

- ❑ A single or double mattress
- ❑ A bed-bug cover for mattress
- ❑ Bed frame
- ❑ One pillow
- ❑ One bath towel
- ❑ Toilet paper
- ❑ A couch or chair
- ❑ One bathmat
- ❑ Garbage bags
- ❑ One set of bed linens *(fitted sheet, pillowcase, and a top sheet and/or blanket)*
- ❑ Clothes hangers or a small dresser
- ❑ At least one week of seasonal/appropriate clothing *(including undergarments, coats and shoes)*
- ❑ Personal hygiene supplies *(shampoo, conditioner, toothbrush, toothpaste and deodorant)*
- ❑ Basic utensils *(plate, bowl, fork, spoon, and cup or mug)*
- ❑ Basic cleaning supplies *(e.g. broom, rags, garbage can, dish sponge, laundry soap, all-purpose cleaning product)*

Please ensure the following are attached, if applicable:

- A scanned copy of valid Government-issued ID (**NOT** health card) or Birth Certificate. *Note: the physical ID must be in the Applicant's possession for admission consideration.*
- Decision maker paperwork *(Power of Attorney, Statutory Guardianship, and/or Public Guardian & Trustee*)
- Relevant medical consultation reports *(e.g. Neuropsychology, Occupational Therapy, Psychiatry etc.)*
- Current medication list
- Insurance or litigation paperwork/contact information

I, _____

Name of Applicant/Substitute Decision Maker/Power of Attorney

Certify that the above information is correct, to the best of my knowledge at the time of application.

_____ _____

Signature of Applicant/Substitute Decision Maker/Power of Attorney | Date (DD/MM/YYYY)

As the applicant or authorized Decision Maker, I consent for Head Injury Rehabilitation Ontario (HIRO) to receive this applicant's personal health information. I permit HIRO to disclose this applicant's personal health information, for the purposes of ABI service consultation, with the following personnel:

- HIRO's internal contract providers (e.g. Family Physician, Psychiatrist, Occupational Therapist, Physiotherapist etc.)
- Current care and/or shelter providers (e.g. hospital team, treatment team, residence etc.)
- Other system partners that may provide counsel to HIRO on the applicant's care and /or shelter (e.g. ABI System Navigator, Office of the Public Guardian & Trustee, Home and Community Support Services etc.)

_____ _____

Signature of Applicant/Substitute Decision Maker/Power of Attorney | Date (DD/MM/YYYY)

_____

Print Name

Personal health information will be protected by HIRO as per the Personal Health Information Protection Act (PHIPA). The applicant and/or their Decision Maker may withdraw consent at any time, by informing HIRO verbally or in writing.

Please return completed applications and relevant assessments/reports to:

Head Injury Rehabilitation Ontario
Attn: Admissions Department
508 – 225 King William St.
Hamilton, ON L8R 1B1

Fax: 905 523-8211

A Promise of Hope After ABI