Sault Ste. Marie Mental Health and Addictions
Housing Referral

Social Services | Services Sociaux Zhawenimi-Anokiitaagewin
Sault Ste. Marie District

Canadian Mental Health Association Algoma
Mental Health & Addiction Services

Phoenix Rising Non-Profit Homes Inc.

john howard society Ontario

Sault Area Hospital
Hôpital de Sault-Sainte-Marie

Lotus House

Sault Ste. Marie Mental Health and Addictions Housing Options (v 2026-06)

As part of the Mental Health and Addiction Supportive Housing Application, you will be asked to share specific health information that will assist in determining eligibility, prioritization and the level of support required.

It is required that this information represents your personal health information and as such, it must be handled and protected under relevant privacy regulations and legislation. To protect your personal health information and ***to determine eligibility, as well as the level of support required, Appendix "A" must be completed***.

We ask that you complete this application and email the completed application to the Manager of Homelessness Prevention, Elysha Cuglietta, at HPT@socialservices-ssmd.ca**.**

The attached application will only be reviewed by members of the Sault Ste. Marie Mental Health and Addictions Housing Selection Committee in accordance with the relevant regulations for collection, use of disclosure, handling, storage and disposal of personal health information. Please do not hesitate to ask if you have any questions or concerns with respect to providing this information as part of your application.

PRIVACY STATEMENT

As part of the Mental Health and Addiction Supportive Housing Application process, you may wish to share specific health information that will assist in prioritizing your application.

Examples include, but are not limited to, physical or mental health conditions, addiction issues, symptoms, diagnoses, and/or treatments / impairments. It is recognized that this information represents your personal health information and as such, it must be handled and protected per relevant privacy regulations and legislation. To protect your personal health information, we ask that after you complete all pages of this application, please place it in the envelope marked **MH&A Private and Confidential**, seal the envelope and return it to the Housing Services Application Centre at 548 Albert Street East.

The attached application will only be reviewed by members of the Sault Ste. Marie Mental Health and Addictions Housing Selection Committee in accordance with the relevant regulations for collection, use disclosure, handling, storage and disposal of personal health information. Please do not hesitate to ask if you have any questions or concerns with respect to providing this information as part of your application. Please do not hesitate to ask if you have any questions or concerns with respect to providing this information as part of your application.

I agree to have my name included on the By-Name List, the real-time homelessness data collection tool for Sault Ste. Marie, as well as in the Homeless Individuals and Families Information System (HIFIS). I understand that my information will be shared with DSSMSSAB and partner agencies within the Coordinated Access System to support me in securing housing. I also understand that I may be contacted by supporting agencies to be connected with available services.

Please provide accurate information and complete all sections.

REFERRAL SOURCE

NAME: _____ ORGANIZATION: _____

ROLE/TITLE: _____ TELEPHONE: _____ EXT: _____

EMAIL: _____

Relationship to the individual being referred:

❑ Self ❑ Spouse ❑ Family ❑ Friend ❑ Agency ❑ Care Provider

❑ Other (Specify): _____

Signature of Applicant: _____ Date: _____

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ AGE: _____

CONTACT: _____ SIN: _____

EMAIL: _____

☐ Client gave verbal consent for this application to be presented to the Mental Health and Addictions Selection Committee.

SPDAT Score: _____ HIFIS ID: _____

HOUSING STATUS & HISTORY

HOUSING STATUS: ☐ Housed ☐ Homeless If Homeless, how long? _____

If housed, please describe (e.g. Living with parents, room & board etc.) in the space provided below.

HOUSING HISTORY: _____

Example: frequent couch surfer, stayed at shelter, lived with parents, private sector rental, etc.

Are you currently residing in a Provincial Institution? ☐ Treatment Facility ☐ ATRC ☐ Hospital ☐ Northway

If you marked any of the above, please specify: _____

Do you identify as INDIGENOUS? ☐ Yes ☐ No

HOUSING SELECTIONS

Select housing options below that meet your specific needs. Read each program carefully to determine if the program is right for you.

☐	**324 Sussex Road** – A semi-supportive, 6 bedroom housing program for adult men and women with a history of addictions and/or mental health concerns that have been stabilized for one (1) or more years. Applicants must require moderate to high levels of daily supports while progressing towards independent living. They must be able to ambulate independently as well as manage their own medications with support. Admission is based on level of mental health and addiction stability, moderate to high levels of support need, financial eligibility (OW/ODSP) and the ability and willingness to participate in programming and daily living responsibilities such as the maintenance and care for their assigned rooms. Those with accessibility needs will be prioritized.
☐	**Beginnings Transitional House –** 24 hours staffed; 10-bed transitional shared living residential program. Residents participate in cleaning, cooking and life skill programming with the goal of moving into independent living within one to two years. To be considered for admission, individuals must be at least 18 years of age, have a diagnosed, serious and persistent mental health condition that is currently stable, be actively followed by a psychiatrist, be able to participate in programming and communal living expectations, be independently mobile, including the ability to climb stairs without assistive devices and have established formal community supports (ACTT, CMHA etc.). The program cannot support individuals who are actively using substances.
☐	**Bridge Program (721 Wellington St E)** A 24-hour staffed, 22 bed program supporting adult men in early recovery from homelessness and/or addiction. Residents live in a substance-free, shared environment with access to recovery supports, life skills programming, and housing assistance for up to two (2) years. Admission is intended for individuals actively engaged in treatment who are willing to participate in programming, contribute to daily living responsibilities and are committed to building stability and independence. They have high support needs with anticipated ability to progress towards lesser supports, low risk of violence and meet financial eligibility requirements.

☐	**101 Chapple Avenue –** 24 hours staffed; 10-bed transitional Pathway to Home Program. Tailored for individuals who require permanent supportive housing. Admission is permitted to individuals in receipt of ODSP benefits only. ***(Mandatory program fee + programming)***
☐	**235 Wellington Street W (Women Only) –** 16 hours staffed; 8-bed shared living with the transitional Pathway to Home Program. Tailored for individuals who require permanent supportive housing.
☐	**Willow Haven (345 St Georges Ave)** - 24 hour supportive housing program for adults with complex and severe mental health challenges. The program provides housing, individualized case management, and recovery-focused supports to help residents build daily living skills and increase independence. Admission is based on mental health and addiction stability, high support needs, low risk of violence, financial eligibility, and the ability to manage medications with support.
☐	**136 Pilgrim Street (Men Only)** An 8-unit step-down housing program for men with low to moderate support needs. The program provides up to two years of stable housing and support for individuals transitioning from 24-hour supportive living to independent living. Staff are available from 8:30 a.m. to 6:00 p.m. to assist with daily living needs, including meals, medication reminders, appointments, and upkeep of shared spaces.
☐	**Phoenix Rising Non-Profit Homes Inc. (Women + Children)**– Rent-Geared-to-Income with (5) supported housing units located at 2 Manitou Dr.
☐	**Kingsford Place –** Provides safe, affordable, semi-supported housing to individuals living with a severe and persistent mental illness. Admission is based on mental health and addictions stability, low to moderate support needs, have a low risk of violence, and the ability to manage medications with support. Applicants must be willing to participate in household chores and meal preparation with supports, participate with case management and meet the financial eligibility criteria.

APPENDIX A - DIAGNOSIS

Initial below as required:

☐ I have a Mental Health Diagnosis:

Diagnosis: _____

Source of Diagnosis: Self-Reported: ☐ Diagnosing practitioner: ☐ Both: ☐

Name of Diagnosing Practitioner: _____

Do you have a psychiatrist: Yes / No Name of Practitioner: _____

Address of Practitioner: _____

Do you have a family Doctor: Yes / No Name of Practitioner: _____

Address of Practitioner _____

HOUSING ASSESSMENT

☐ Currently identified as 'Alternative Level of Care' (ALC)[1] How Long? (Months) _____

[1]ALC Definition: A patient occupying a bed in a hospital who does not require the intensity of resources/services provided in this care setting (acute care services)

☐ Currently an inpatient at hospital City:_____How Long? (Months)_____

☐ Currently on a 'Community Treatment Order' Expiry Date: _____

Number of moves or evictions over the past (2) years: _____

Currently facing an eviction order? Yes ☐ No ☐ Date: _____

Have you had contact with **Crisis Services** within the past 12 months? Yes ☐ No ☐

If **YES**, number of times?_____

Have you had contact with **Police Services** within the past 12 months? Yes ☐ No ☐
If **YES**, number of times? _____

INCOME

Are your finances handled by the Public Guardian & Trustee? (PG&T) Yes ☐ No ☐

Are your taxes up to date? Yes ☐ No ☐ Last year filed with CRA: _____

What are you presently paying for rent? $

What utilities do you pay? Supplier: _____ $ /Month

Supplier: _____ $ /Month

What is your source of income?

☐ OW – Case Manager Name: _____

☐ ODSP – Case Manager Name: _____

☐ CPP/OAS ☐ Pension ☐ WSIB ☐ Employment Insurance

☐ Other: _____

What is your total net monthly income? $_____

HEALTH & MENTAL HEALTH

Do you experience any of the following: (**Choose all that apply**)

- ☐ Hallucinations
- ☐ Delusions
- ☐ Difficulty Sleeping
- ☐ Nightmares
- ☐ Trauma
- ☐ Any Sexuality Concerns
- ☐ History of Fire Setting
- ☐ Difficulty Communicating with a Group
- ☐ Attention Seeking
- ☐ Any Unusual Behaviours (ie. fears, screaming)
- ☐ History of Suicidal Behaviours/Threats
- ☐ History of Self Abuse
- ☐ History of Acting Out / Inappropriate Behaviours
- ☐ History of Drug Use / Alcohol Abuse
- ☐ Careless Smoking Habits
- ☐ Poor Social Skills
- ☐ Immature
- ☐ Other: _____

Please provide details:

Do you experience any **PHYSICAL** health concerns? Yes ☐ No ☐

If **YES**, please list any current or previous physical health diagnoses / concerns:
(ie. diabetes, heart, lung etc..)

LEGAL HISTORY

Are you on probation? Yes ☐ No ☐ Are you on parole? Yes ☐ No ☐

If **YES** to either of the above, until when? _____

If **YES,** please list conviction and conditions of probation / parole:

Do you have any outstanding charges, bench warrants? Yes ☐ No ☐

Do you have any outstanding court dates? Yes ☐ No ☐

SUBSTANCE USE HISTORY

Do you have a substance abuse issue and/or addiction? Yes ☐ No ☐

Please Explain:

What drugs (including alcohol) have you used in the past (12) months?

Do you smoke cigarettes? Yes ☐ No ☐ How many cigarettes daily? _____

Have you accessed or been admitted to Detox / Withdrawal Management or Police Detox in the past (12) months?

Yes ☐ No ☐ If **YES**, how many times? _____

SUPPORT NETWORK

Do you have a network of support people from the following examples? (**Choose all that apply**)

Family Members Yes ☐ No ☐

If **YES**, how many? (1) ☐ (2) ☐ (3+) ☐

Addiction Counsellor Yes ☐ No ☐

Name:_____

PACT (Program for Assertive Community Treatment) Yes ☐ No ☐

Name: _____

Intensive Case Management

Supportive Peers or Friends Yes ☐ No ☐

If **YES**, how many? (1) ☐ (2) ☐ (3+) ☐

Sponsor Yes ☐ No ☐

Self-Help / Support Group Yes ☐ No ☐

Canadian Mental Health Yes ☐ No ☐

Name: Program:

Other (List any other agency or service involvement)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

ADDITIONAL SUPPORTS REQUIRED

Please give specifics of what other supports are required.

LETTER OF SUPPORT

A letter of support with specific needs is required by the referring agency for all supportive housing options in this application. The letter needs to be on the referring agency's letterhead and be included with this application at the time of submission. Applications without a letter of support included will not be reviewed.