

Applying for Thrive Housing and Support Services

What type of support is available?

Outreach Support takes place in your home with scheduled visits from a Personal Support Worker (PSW).

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Housing with PSW Support takes place in houses and apartments owned or operated by Thrive Housing and Support. PSW support at these locations varies from a few hours a week to 24-hour on-site care. Thrive has housing locations throughout the City of Peterborough and limited locations outside of Peterborough. Applicants who require both housing and supports must also apply to Housing Access Peterborough for Peterborough locations or City of Kawartha Lakes Housing for Lindsay locations.

Who is eligible?

People 16 years of age or older who:

- Have **physical disabilities** and/or
- Have **acquired brain injuries** and/or
- Have **HIV/AIDS** and/or
- Are **considered a high-risk senior** (determined by assessment tool)
- Live in Peterborough City or County or the City of Kawartha Lakes.

Applicants **must require personal care** to be eligible for Thrive PSW Services. This means help with personal hygiene, eating, dressing or mobility. In addition to personal care, we can also offer homemaking services such as help with housecleaning, laundry, shopping and preparing meals.

How to Apply

Fill out the application attached to this cover sheet and return it to our office or apply online through our website at www.thrivehs.ca.

Email: intake@thrivehs.ca

Mail or drop off: 77 Towerhill Road, Peterborough ON K9H 7N3

Once we receive your completed application, we will contact you within a few weeks to see if you qualify for our services. If you do, you will be added to a waitlist pending medical and assessment for when we have housing or supports that meet your needs. Wait times can vary, depending on when units and/or support comes available.

Need Housing only? (No PSW Support Services)

Apply here: Housing Access Peterborough at www.peterborough.ca/hap. Please contact the Thrive HS office or Peterborough's Social Services Office (705-748-8830) if you need any help with this.

Application Information

Date of Application: _____

Name of Applicant: _____

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Name and Relationship (if applicable) of Person Completing Application:

Base Eligibility

1. Is the applicant 16 years of age or older Yes No
2. Does the applicant have one or more of the following barriers (check all that apply)
 - A Physical Disability
 - High Risk Senior
 - Acquired Brain Injury
 - Adult with HIV/AIDS

Application will not be processed if one of the boxes above do not apply

Primary Diagnosis: _____

Thrive HS will require your Primary Health Practitioner to verify the applicant's diagnosis during next phase of application process

Condition is likely to:

- Get better
- Stay the same
- Get worse
- Unknown

3. The applicant is applying for which location:

- Peterborough Only
- Lindsay Only
- Peterborough OR Lindsay
- Other: Please Specify: _____

4. Services requested for applicant: (select one)

PSW Support in current home

Housing and PSW Support – **The applicant must apply for housing in addition to this support application:**

Peterborough - 705-748-8830 - www.peterborough.ca/hap

Lindsay – 705-324-9870 - www.kawarthalakes.ca/en/living-here/community-housing.aspx

Housing only- **Please do not proceed with this application and go to:**

Peterborough - 705-748-8830 - www.peterborough.ca/hap

Lindsay – 705-324-9870 - www.kawarthalakes.ca/en/living-here/community-housing.aspx

5. Does the applicant require 24-hour on-site support? (select one)

24-hour on-site support required (unpredictable times)

Support by scheduled appointment only (no overnight support required)

Demographic Information

Name of Applicant: _____

Current Address:

Street City/Province Postal Code

Preferred Telephone #: _____ **Secondary Phone#:** _____

Email Address: _____

Applicant Date of Birth: _____ **Age:** _____

YY/MM/DD

Health Card Number: _____ **Version Code:** _____

Primary Healthcare Provider Name: _____

Primary Healthcare Provider Phone Number: _____

Approximate annual household income: _____

Living Arrangements (check all that apply)

- Currently living in Thrive or other affordable housing and requesting to move
- Currently receiving Thrive PSW supports
- Living with a spouse or a partner
- Living alone
- Homeless now or within the next month
- Living in the hospital or a hospital-funded location

Comments: _____

Service Needs (check all that apply)

Is the applicant on a waiting list for Long Term Care? Yes No Unknown

Does the applicant use a wheelchair, mechanical lift or other assistive device? Yes No

Please specify: _____

1. When does the applicant need support?

Frequency: Estimated number of days per week support is needed _____

- Once a day
- Multiple times per day
- Multiple times per week
- Other

Comment: _____

Time of day:

- Morning
- Lunchtime
- Suppertime
- Evening
- Overnight
- Unpredictable times
- Flexible

2. Housing:

Applicant is also applying for housing Yes No

If No – Skip this section

If Yes - **The applicant must apply for housing in addition to this support application:**

Peterborough - 705-748-8830 - www.peterborough.ca/hap

Lindsay – 705-324-9870 - www.kawarthalakes.ca/en/living-here/community-housing.aspx

Expressed Sites of Interest:

○ **24 Hour Support Available:**

- 77 Towerhill Road, Peterborough (managed by Thrive HS)
- 443 Reid Street, Peterborough (private landlord)
- 2 Hamilton Street, Lindsay (private landlord)
- 191 Rink Street, Peterborough (private landlord)
- Other sites that may become available in future

○ **Scheduled Supports: (No overnight available)**

- 550 McDonnell Street, Peterborough (private landlord)
- 800 Hilliard Street, Peterborough (managed by Thrive HS)

○ **Unknown:** - applicant will decide at a later stage in the application process

Site selections are not guaranteed

Support Needs:

1. Type of Assistance: (check all that apply):

- Reminders by telephone
- Supervision and reminders in person
- Help with tasks that don't require a lot of heavy lifting (like doing dishes)
- Help with mobility (like getting in and out of bed)
- Weight bearing support where someone else does at least ½ of the work
- Total dependence where other people do 100% of the work

Comments: _____

2. Personal Care Required: (check all that apply):

- Dressing/undressing
- Medication Reminders (Describe: _____)
- Transfers

- Showers
- Toileting
- Incontinence assistance
- Meal preparation
- Other

Comments: _____

3. Housekeeping Assistance: (check all that apply):

- Housecleaning
- Laundry
- Shopping
- Planning menus
- Other
- Training in any of the areas above

Comments: _____

4. Support Awareness: (check all that apply):

- Special Diet
- Surgery or other specialized healthcare
- Language or the need for an interpreter
- Cultural considerations
- Trauma considerations
- Other

Comments: _____

5. Other than supports from a PSW, are other types of supports needed by the applicant in order to live independently?

- Yes No

Are these supports already in place?

- Yes No

Comments: _____

Please Note: Thrive HS only provides PSW Supports

Collection of Personal Health Information: As a health service provider that is part of an Ontario Health Team and that provides a home and community care service pursuant to funding under [section 21](#) of the [Connecting Care Act, 2019](#), Thrive is considered a health information custodian. The information gathered will be used to determine initial and ongoing eligibility for Thrive Housing & Supports. Questions about this collection can be directed to the Thrive Privacy Officer at 705-745-4122 ext. 223

Consent for Release and Sharing of Information

As an applicant or client of Thrive, you understand that we will collect, use, store and disclose personal/health information with organizations within your circle of care for the purpose of meeting your health care requirements and will make every effort to ensure that your information remains accurate, confidential and secure (except where required by law).

This information will be shared as necessary with other members of your health care team. In all cases, where information is shared, it is limited to the information that is strictly necessary for the purpose of the disclosure. Your information will be shared in a secure and confidential way to enable your health care team and your circle of care to collaborate and provide you with the appropriate services based on your requirements and level of care.

All personal health information provided by you is handled in accordance with the Thrive Personal Health Information Protection Policy, as amended from time to time. If you would like a copy of this policy, please ask any Thrive staff person.

There may be people outside of your circle of health care who may be important to your service but we need to know what you wish and do not wish for us to speak about. Examples would be your family, friends or other community agencies. By filling out this form, we will have a better understanding of your consent.

I, _____ Date of Birth _____
of (address) _____

authorize Thrive Housing & Support to share information with the following people or representatives from the following agencies. I agree to write down any information I want, or do not want shared with the people listed below.

Agency/Individual Name	Information/Restrictions	
		<input type="checkbox"/> Release <input type="checkbox"/> Request
		<input type="checkbox"/> Release <input type="checkbox"/> Request
		<input type="checkbox"/> Release <input type="checkbox"/> Request
		<input type="checkbox"/> Release <input type="checkbox"/> Request
		<input type="checkbox"/> Release <input type="checkbox"/> Request

		<input type="checkbox"/> Release <input type="checkbox"/> Request
		<input type="checkbox"/> Release <input type="checkbox"/> Request

I understand that the service providers I have listed above and Thrive worker(s) may consult with me and with each other about my needs. I understand the identified service providers will share information about me but will only share the information that is necessary for them to plan, provide and evaluate the service that I have requested and/or received.

I understand that this consent is valid for a year from the date of signature. I understand that I may withdraw (revoke) my consent at any time by submitting a written or verbal request to a Thrive worker who is providing my current service, or to their supervisor.

_____ **Signature of Client (or Substitute Decision Maker)** _____ **Date**

Documentation of the Substitute Decision Maker has been provided. (E.g. power of attorney, court order, Public Guardian)

_____ **Signature of Witness** _____ **Date**

_____ **Witness (Print name)** _____ **Date**

If you have any questions or concerns about your privacy or the privacy practices of Thrive, please contact the Privacy Officer at 705-745-4122 ext. 2239