

**Harrison House Application Package**

**What is Harrison House?**

Harrison House is a transitional, eight-bed, co-ed rehabilitative housing program for people with a diagnosed mental illness. The purpose of the program is to support people to develop life skills that empower and support their independence. Residents have access to in home and community based; social recreation, psycho-educational and home maintenance programming. Rental agreements are time-limited (one year term) as the program is geared toward the transition to independent living. Residents may also work on their recovery goals with a Mental Health Case Manager.

**Eligibility Criteria:**

* 16 years of age or older
* Diagnosed mental illness
* Good mobility; able to climb stairs without assistance (Harrison House is not a fully accessible home )
* Willing to participate in all aspects of programming (life skill, social rec, home maintenance, trustee etc.)
* Able to get along well with others
* Able to work toward eventual independence

**How to Apply:**

Please complete and submit the following application package. Should you require assistance to complete an application, please contact us by calling (705) 328-2798 ext. 28.Completed applications can be sent to any of the following:

**Fax:** 705-328-0711

**E-mail:** HarrisonHouse@cmhahkpr.ca

**Mail:** 33 Lindsay Street South, Unit C, Lindsay, Ontario, K9V 2L9

If you have any questions about Harrison House, please contact us at (705) 328-2798 ext. 28 or [HarrisonHouse@cmhahkpr.ca](mailto:HarrisonHouse@cmhahkpr.ca)

**Next Step:**

All eligible applicants will be contacted for an interview.

 **Harrison House Referral Form**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Phone Number: |  |
| Can we leave a voicemail at this number? | Yes  No  Discrete |
| Was the person you are supporting involved in the completion of this referral? | Yes  No |
| Name of Referring Person: |  |
| Contact information of referring person: |  |
| Any other Support Workers involved: |  |
| Referral Submission Date: |  |
| Other Contacts and Consents: |  |

Alternate Phone Number/email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your own words, please explain why you are interested in participating in the Harrison House program?

1. Please check what areas you require skill development and support in (feel free to write more detailed information on the back of the form or in the box)

*Box can be checked by double clicking on it and selecting “checked.”*

|  |  |
| --- | --- |
| **Life Skills Requiring Development** | |
| Meal Planning |  | |
| Cooking Skills/Meal Preparation |  | |
| Development of Daily Living Routines(ADL’S) |  | |
| Physical Wellness Activities/Connections |  | |
| Grocery Shopping |  | |
| Laundry |  | |
| Personal Recovery Goal Setting |  | |
| Budgeting |  | |
| Grooming/Personal Care |  | |
| Home Maintenance/Cleaning |  | |
| Home Safety |  | |
| Apartment Search Skills |  | |
| Referrals to Community Supports |  | |

1. Please list 3 of your strengths.
2. Please tell us what your future plans are for tenancy? (What city/town/village you want to live in, with whom, what kind of apartment you want etc.)