

**Harrison House Application Package**

**What is Harrison House?**

Harrison House is a transitional, eight-bed, co-ed, rehabilitative housing program for people with diagnosed mental illness. The purpose of the program is to support people to develop life skills that empower and support their independence. The program is designed to be goal-oriented to support individuals with their mental health recovery.

Harrison House programming includes house meetings, psycho-educational groups, life skills groups and social recreation activities.

**House Meetings:** weekly meetings to complete chores and talk as a group about any concerns, questions, or comments about the house.

**Psycho-Educational Groups:** weekly groups that are geared towards the needs of the house. This includes groups on boundaries, anxiety, social connectedness, journaling, and more.

**Life Skills:** activities of daily living which can include housekeeping, laundry, cooking, meal prep, time management, selfcare, etc.

**Social Recreation:** weekly groups of arts and crafts, baking, cooking, hiking, board games, knitting, and more.

Occupancy agreements are time-limited (maximum one year) as the program is geared towards the transition to independent living. It is important to note that occupancy agreements are an exception to the Residential Tenancy Act, and occupancy can be terminated without notice if needed.

It is important to note that the Harrison House program is an independent program and is not staffed 24/7.

**Eligibility Criteria:**

* 16 years of age or older
* Diagnosed mental illness
* Willing to participate in all aspects of programming
* Ability to take medication independently
* No mobility issues (as the house is not fully accessible)
* Able to get along well with others
* Able to work towards 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**

**Contact Information:**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Phone Number: |  |
| Can we leave a voicemail at this number? | Yes  No  Discrete |
| Is 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: |  |
| Consents attached for Referring Person and Support Workers: | Yes  No |
| Referral Submission Date: |  |

Alternate Phone Number/email of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Health Information:**

|  |  |
| --- | --- |
| Mental Health Diagnosis: |  |
| Physical Health Diagnosis: |  |
| Able to climb stairs? (approx. 25): | Yes  No |
| Able to take medications independently: | Yes  No |
| Do you receive an injectable medication? (i.e. Abilify, Invega, etc.): | Yes  No |
| Are you currently on a CTO?  (Community Treatment Order): | Yes  No |
| Reasons that you cannot live in close proximity to schools or parks? | Yes  No |

1. In your own words, please explain why you are interested in participating in the Harrison House program?
2. Please explain in detail your current living situation.

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.)