Canadian Mental Health Association
Haliburton, Kawartha, Pine Ridge
Mental health for all

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 extension 28 or HarrisonHouse@cmhahkpr.ca

Next Step:

All applicants will be contacted for an interview and tour.

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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 or email: _____

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

2. Please check what areas you require skill development and support in. You can write more detailed information on the back of the form or in the box.
   Instructions: Select appropriate areas and click the box to the right so that a check mark appears.

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	☐

3. Please list 3 of your strengths.

4. 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.)