**Tipi Moza (Iron Homes)**

 **113 Lower Union St, Kingston, ON K7L 2N3**

 **Phone: 613-547-1134 Fax: 613-507-7267**

Tipi Moza (Iron Homes) is excited to announce the opening of our Indigenous Transitional Housing Services Center located at 113 Lower Union Street. This facility has 19 individual units with their own bathroom (2-piece) and a shared kitchen, shower and laundry room. The kitchen is open during regular business hours Monday to Friday 8:00am to 5:00pm. Below you will find the eligibility requirements for this program.

**Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Basic Eligibility Criteria**

[ ]  Identifies as Indigenous (with or without status)

[ ]  Income is under the City’s HILS limit

[ ]  Homeless or at risk of homelessness

[ ]  Age 18 or over

[ ]  Vaccination Status

 [ ]  None [ ]  First Dose [ ]  Second Dose [ ]  Third Dose

**Basic Living Skills**

[ ]  Ability to live independently.

[ ]  Ability to perform range of daily living (hygiene, grooming, bathing)

[ ]  Some ability to perform range of instrumental activities of daily living (ADL) such as,

 cooking grocery shopping, money management, use of city transit, cleaning

**Identified Support Needs**

[ ]  Indicates desire for supportive housing- “where can I participate in groups/ programming”

[ ]  Wants to build life skills

[ ]  Wants to build daily living skills

**Exclusionary Criteria**

[ ]  No serious safety risks displayed/ identified

[ ]  No history of starting fires without explanation

[ ]  No recent history of violence or violence risks without explanation

[ ]  Avoids unsafe situations

[ ]  Ability to avoid crisis

[ ]  Ability to deal with anger

Accommodations:

Notes:

**Form Completed by**

**Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**