**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**