CARCROSS/TAGISH FIRST NATION

Supportive Family Housing
Intake Form

Please Print Clearly

1. Applicant: Please tell us about yourself.

Last Name	First Name(s)	Alias or Nickname (optional)
Birth Date (dd/mm/yyyy)	Gender	

2. What City/Town do you currently stay in?

City/Town	How long have you lived there?	
Street Address/Box Number	Territory/Province	Postal Code

3. How can we reach you?

Your Phone #	Your Email Address
An address you can receive mail (if applicable)	

3a. Is there anyone we can leave a message with in order to contact you?

Contact	Phone number	Contact's relationship to you	Email	*Authorized Contact (yes/no)

*By saying Yes under Authorized Contact, you are confirming that you have the contact's permission to provide their information and you are giving permission for C/TFN's Supportive Family Housing and any supportive family housing provider to exchange information with that contact in order to maintain and update your application. Authorized Contacts can be added or removed by contacting the Supportive Family Housing case manager.

4. Are you a C/TFN Citizen?

☐	C/TFN Citzen	Status Number:
☐	C/TFN Beneficiary	Beneficiary Number:
☐	CTFN Associate Member	
☐	None - Support letters provided by both Family Council and Health and Wellness Director	

5. Briefly describe your current living situation - are you currently renting your own home, homeless, couch surfing, not enough room for family members etc.

6. Additional Household Member

Last Name	First Names(s)	Alias or Nickname (optional)
Birth Date (dd/mm/yyyy)	Gender	Relationship to Applicant

7. Dependants - Provide the following information for each dependant 18 years and under who lives with you

Full Name (last name, first name)	Date of Birth	Gender	Relationship to Applicant

8. Stairs and Wheelchair Access

- ☐ Stairs are OK
- ☐ No Stairs
- ☐ Require wheelchair accessable housing

9. What are your Sources of income?

☐ Temporary Financial Assistance ☐ Other income ☐ No income

Income Source List all sources and amounts.	**Amount** (Monthly)

10. Do you or have you had any involvement with Family and Children Services in the past Twelve (12) months of this application? - Briefly explain