



The Community Home Services Program is a free community service for eligible seniors and persons with a disability receiving home care in Winnipeg. Services include: light/heavy housekeeping and basic yard care. Applicants for CHSP services will be assessed based on financial eligibility and other criteria.

### SECTION A – NOTICE AND APPLICATION FOR SERVICES

This application form must be completed in order for CHSP to determine your service needs and eligibility under the Community Home Services Program (CHSP).

Your personal and health information are being collected for the purposes of determining eligibility under the Community Home Services Program (CHSP) under the authority of 36(1) of **The Freedom of Information and Protection of Privacy Act (FIPPA)** and 13(1) of **The Personal Health Information Act (PHIA)**. Your personal and health information will not be used for other purposes, unless such use of disclosure is permitted by FIPPA or PHIA.

You will need to complete and sign the consent section of the application found in Page 2. You may be asked to provide copies of your and your spouse's most current Canada Revenue Agency Notice of Assessment indicating the total income shown on line 150. To continue to be eligible for services, **you will be subject for annual review.**

### SECTION B – APPLICANT INFORMATION

Last Name/Surname		First Name	
Current Address			
Postal Code		Telephone Number	
Date of Birth YYYY/MM/DD	Gender M F	Marital Status	
		Single	Divorced
		Married	Separated
		Common-law	Widowed

### SECTION C – HOUSEHOLD INFORMATION

Surname of Spouse (if applicable)	Spouse's First Name
Date of Birth (YYYY/MM/DD)	Is your spouse living with you? Yes No
How many people currently living in your household? _____	Please specify relationship.
Any children under the age of 18 living with you?	If yes, how many?

### SECTION D – SERVICES BEING REQUESTED ( please check)

Light house cleaning	Yard maintenance
Heavy house cleaning	Snow clearing

### SECTION E – EXTENDED DETAILS

#### 1. Homecare

Are you or someone in your family currently receiving housecleaning services from Home Care?  
Yes ( ) No ( )

If yes, name of Home Care Coordinator \_\_\_\_\_

Phone Number \_\_\_\_\_

If not, have you made an application to Home Care for housecleaning services?

Yes ( ) No ( )

When? \_\_\_\_\_

**2. Housing Details ( please circle your answer)**

Do you own your home?	(Y)	(N)
If not, do you pay rent?	(Y)	(N)

**3. Accommodation details (please check one)**

Type of dwelling:	House	Apartment	Condo
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**Approx. Size of home: (please circle your answer)**

<b>SMALL</b>	<b>MEDIUM</b>	<b>LARGE</b>
(1 bedroom/ storey/ bachelor suite)	(2 bedrooms / 1 storey house)	(2 bedrooms or more/2 storey/basement)

<b>Size of Yard: (pls. check)</b>	Small Yard	Medium Yard	Large Yard
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Do you have pets?	If yes, please specify:	Do you have your own cleaning equipment for services being requested? Please check.
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Note: All equipment must be in good running order. Cleaning supplies must be in original container.	<i>Housekeeping</i>	<i>Yard work/snow Removal</i>
	Cleaning supplies/ Detergents	Lawn mower
	Mop/pail	Shovel

**4. Monthly combined income (include spouse if applicable)\***

OAS: \$	CPP: \$
RRSPs: \$	Private pension plans: \$
EIA: \$	EI: \$
Employment: \$	Rental Income: \$
Interest from banks or investments: \$	Other ( specify): \$
Disability benefits: \$	Total \$ per month → \$ per year

**5. Exceptional Service requirements**

Are there any special needs or considerations that CHSP needs to know about in order to provide services to meet your specific service requirements? If yes, please describe briefly:

**6. How did you hear about the Community Home Services Program?**

**SECTION F – CONSENT AND AUTHORIZATION**

Note: to qualify for services, all statements listed below must apply to your household, Income will be reviewed annually for ongoing eligibility with the CHSP. **Please check the statement/s below that is applicable to you.**

I/my spouse (if applicable), certify that:

- I/we are senior citizens (60 and over) and/or:
- I/we are a person(s) with a disability in receipt of Home Care;
- All members of household are physically unable to do the requested work;
- There are no able bodied people living in my household that can provide the requested services;
- All members of my household have limited financial resources and cannot to afford to pay to have these services provided; and
- I am aware and in agreement that CHSP may request verification of my income tax information in order to confirm eligibility.

Signature of Applicant	Date:
Signature of Spouse (if applicable)	Date:
Signature of CHSP representative	Date:

SECTION G – DISPOSITION – OFFICE USE ONLY							
CHSP application for Services signed and dated		(Y)	General Release and Indemnity signed, dated and witnessed			(Y)	
CHSP Services Description and Smoke Free Information Reviewed						(Y)	
Date of mandatory site visit							
<b>Site visit check list:</b>							
Does customer have necessary supplies?		(Y)	(N)				
If no, what is required?							
Customer advised equipment must be in working order and cleaning supplies are required prior to service commencing.		(Y)	(N)				
Other action taken							
<input type="checkbox"/>							
Eligible for CHSP Services	Low income senior	(Y)	(N)				
	Person with a disability in receipt of Home care	(Y)	(N)				
Services eligible for:							
LHK		HHK		YARD		SNOW	
Reason not eligible (circle one)							
1      2      3      4      5      6      7							
CHSP Representative Name (please print)			CHSP Representative Signature			Date	

**ATTENTION APPLICANT:**

Please do not enter information in Section G. Complete sections A-F and return form to:

Opportunities for Employment Inc.  
 Community Home Services Program  
 3rd Floor 294 Portage Avenue  
 Winnipeg, MB R3C 0B9

If you have questions about your application, please contact the  
 Community Home Services Program at (204) 927-1720.