

Housing Help Centre of Hamilton

APPLICATION FOR UNIT PREP FOR BED BUGS

WHAT IS THE PROGRAM?

- This program helps you get your unit ready for bed bug treatment. This is not a program to treat bed bugs – your landlord must already be planning to have your unit treated. This program has limited funds and will be made available on a first come first serve basis.

WHO IS ELIGIBLE?

- You must be a renter who is getting treatment for bed bugs and can't get your own unit ready for treatment (bagging all clothing, washing the clothing, stripping beds, removing drapes, etc.)

HOW DO I APPLY?

- Fill out this form and fax it to Stacey Sutherland at (905) 548-1448.
- Applications may be taken over the phone you will need to come in and sign the agreement.
- Language support is available for non-English speaking renters.

PROVISION SUMMARY *(Excerpt from Public Health)*

Bed Bug Support Program helps the individuals with physical, mental health or addictions issues; people living in poverty; the under-housed or homeless; or weak elderly who are impacted badly by bed bug infestations. These individuals will utilize this financial support to take the necessary steps to treat their unit. A portion of the support will be exclusively used on pre-treatment procedures and other portion will be used on the re-setting of the unit. These individuals often have limited access to the necessary supports.

Supports and services could include, but are not limited to:

- Inspection and assessment services
- Assistance with, and coordination of, extreme cleaning services and unit preparation
- Bed bug identification services
- Referral to appropriate social and community-based services to address the specific needs of particular vulnerable populations
- Collaboration and engagement with municipal and other local partners in addressing specific needs of these populations
- Provision of specific front-line supports and services to vulnerable populations dealing with bed bugs infestations

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Date: _____ HHC Reference # _____

Applicant's Name: _____

Phone Number: _____ Email: _____

Current Address: _____
Street Unit # Postal Code

Landlord's Name: _____ Phone Number: _____

Do you have pets living with you? If so, what type and how many? *(We need to ask this because it might have any effect on how we do the unit preparation)*

PREP. ASSESSMENT

1. Do you have bed bugs in your unit? *(Circle one)* YES NO
2. Is your landlord aware of the bed bug problem? *(Circle one)* YES NO
3. How many people live in the house / unit? _____
4. How many bedrooms in the house / unit? _____

(Note: *This program is for people who cannot get their house / unit ready for bedbug treatment on their own. Some reasons might be: you are physically unable, you are very overwhelmed or emotionally unable and/or you do not have the money to wash all of your belongings. There also might be other reasons.)*

Please explain why you are unable to get your own unit ready for bedbug treatment:

5. What type of housing do you live in? *(Check all that apply)*

- Apartment
- Shared Room
- Rooming House
- House
- Townhouse
- Other (Please describe): _____

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EARNINGS ASSESSMENT

(Please provide proof of income ie: pay stubs/OW/ODSP cheque stubs)

1. What is your total NET household income? \$ _____ / Month

(Total NET income includes Child Tax Credit/Child Support/All sources of income)

2. Are you on ODSP or OW? (circle one for each) YES NO

OW ODSP

3. Any other relevant information:

CLIENT SERVICE AGREEMENT

The Housing Help Centre of Hamilton has permission to contact and communicate with the following people. Please check the appropriate boxes.

Your Landlord	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Public Health Department	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Good Shepherd Works	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pest Treatment Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ontario Works	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ontario Disability Support Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (specify: _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (specify: _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

The information you've provided in this application is to help us determine if you are eligible for the program or not. All information in this application is confidential and will not be released by the Hamilton Housing Help Centre without your permission, except to the individuals and agencies agreed to above.

The applicant agrees that all information in this application is true.

Applicant's Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Please Fax the completed and signed copy to **Stacey Sutherland at: (905) 528 1448**

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For Official Use Only

INCOME & ELIGIBILITY VERIFICATION COMPLETED

Yes List Support Document _____

ASSESSMENT DECISION – Circle Responses

Disbursement:

Based on review of the individual's situation he/she is **eligible / ineligible** for prep assistance because he/she **meets / does not meet** the criteria of vulnerable individual as outlined in the below provision summary

Client Financial Services Coordinator:

Date Approved:

Is there a scheduled treatment date with a certified pest treatment company?

If yes:

Date work carried out: _____

Completed by: _____ **Date:** _____

Distribution of Copies:

If approved fax a copy to:

- a) Good Shepherd Works (905) 523 – 2366 – Only Page # 2 Prep Assessment
- b) Public Health (905)546 3592 – Page 2, 3 and 4

File original application at HHC.

Please Fax the completed and signed copy to **Stacey Sutherland at: (905) 528 1448**