

What is the Bed Bug Assistance Program?

The Bed Bug Assistance Program assists Hamilton residents with low income who are unable to complete prep work prior to bed bug treatment due to physical, mental or emotional barriers. The program is funded by the City of Hamilton and delivered through the Housing Help Centre, our service providers and other community partners.

Who is Eligible?

Residents of Hamilton who meet the Low Income Cut-Off threshold who are unable to prepare their units for bed bug treatment due to a barrier are encouraged to apply.

How Do I Apply?

- ❖ Contact the Bed Bug Service Coordinator at 905-526-8100 Ext. 804 for information
- ❖ Fax the completed Application, including Proof of Income, to 905-393-8182
- ❖ Email the completed Application, with Proof of Income, to bbap@housinghelpcentre.ca
- ❖ Mail/bring the completed Application, with Proof of Income, to the Housing Help Centre:
119 Main St East, Hamilton, Ontario, L8N 3Z3

What Happens After Approval?

- ❖ A Pest Control Company will inspect the bed bug problem in your home.
- ❖ Your landlord, if renting, will schedule the first bed bug treatment. Our service provider will prepare your home for treatment. Preparation includes vacuuming and a steam treatment where the bed bugs are located, moving furniture from the walls and bagging your clothing/bedding/fabric to be laundered.
- ❖ The pest control company hired by your landlord or you (homeowners) will then do the first treatment. You will need to be out of the home during this time. A second treatment will be scheduled by your landlord for approximately 2 weeks later.
- ❖ While you are waiting for the second treatment to be done, your furniture should remain away from the walls and all items that were laundered should remain bagged.
- ❖ After the second treatment is completed, our contractors will return to help unpack your furniture and provide information on how to prevent further problems.

Office Use Only

Date:

Referral Source:

Comments:

Documents Attached:

Coordinator Signature:

Work Order #

Applicant Information

Full Name: _____ DOB: _____
First Last dd/mm/yyyy

Address: _____
Apt/Unit # / Street Address # of Rooms / Building Type

City Province Postal Code

Phone: _____ Email: _____

Income Source: _____ Monthly Amount: _____ Caseworker: _____

Landlord Information: _____

Questionnaire

1. I currently have bed bugs in my home and my landlord is aware
2. I require assistance due to emotional physical and/or mental health barriers
3. I last saw a bed bug: Today This Week This Month Other: _____
4. I have bed bugs in my: Bedroom Living Room Hallways Kitchen Bathroom
5. My home has been treated for bed bugs before: Yes No Unsure
6. If yes, when was the last treatment? 1mth 2mths 3mths 4-6mths 6mths+
7. During treatment, were all of your clothes heated in a dryer? Yes No Unsure
8. Do you still have all of the same furniture? Yes No Unsure
9. Have you acquired furniture since the last treatment? Yes No Unsure
10. If yes, what furniture? Bed Dresser Couch Chair Rug Other
11. Are you currently self-treating for bed bugs? Yes No
12. If yes, what product(s) and where? Product: _____ Locations: _____
13. Do your friends/family have a current issue with bed bugs? Yes No Unsure
14. Do you have any pets? Yes No
15. If yes, have you noticed any bed bugs on them? Yes No Unsure
16. Do you have somewhere for your pets to go during the treatment? Yes No
17. Do you use a mobility device? Yes No
18. If yes, do you have a spare device? Yes No
19. Do you have asthma or any heart conditions? Yes No

Disclaimer and Signature

I give Hamilton Housing Help Centre permission to work with the follow people/organizations to help with bed bugs in my home:

- | | |
|--|---|
| <input type="checkbox"/> Landlord: | <input type="checkbox"/> Public Health Division |
| <input type="checkbox"/> CityHousing Hamilton | <input type="checkbox"/> Good Shepherd Works |
| <input type="checkbox"/> Bed Bug Treatment Company | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Income Source: | <input type="checkbox"/> Other: |

I give these organizations permission to enter my home to inspect for bed bugs. This will include photographing the rooms that need bed bug treatment. These photos will not be shared publicly. I also give these organizations permission to return to my home to prepare my home before the bed bug treatment and later to move furniture back into place.

All information provided in this application is true. I understand this application will be stored confidentially at the Hamilton Housing Help Centre.

Signature: _____ Date: _____