



Intake

Applicant Name _____
 Date _____
 Date of Birth _____
 Referred by: (Agency) _____
 Address _____
 Telephone _____

Native Status

Status Non-Status Metis Bill C-31 Unknown

Marital Status

Single Common Law Married Separated Divorced Widowed

Children:

Name _____ DOB _____ Age _____ Sex F/M School Grade _____

Name _____ DOB _____ Age _____ Sex F/M School Grade _____

Name _____ DOB _____ Age _____ Sex F/M School Grade _____

(If necessary, list on the back of this sheet)

Are there any children not in your care or who will not be residents?

Where are you presently living?

Shelter House /Apartment Temporarily with family/friends Hotel /Motel Other



Do you consider yourself one of the following?

Homeless At risk of homeless Are you facing eviction

Needing residential support to leave domestic violence (Abbey House is second stage housing after stay at Domestic Violence Shelter)

Are there any safety issues/concerns regarding current or past personal relationships?

Restraining orders Peace Bonds Custody orders CAS conditions Other
If so please explain, received and expires:

Risk of Abuser Low Moderate High

Explain: _____

Description of abuser (If necessary provide photo)

Make and Model of car _____

What other agencies/service providers are you currently involved with?

Probation & Parole F.A.C.S Mental Health Services Counseling
Legal Services Public Health Services Employment Services F.A.C.S.
Addictions Services
Other _____



Accommodation History:

Did you ever stay in a shelter or live in a transition home/communal living before?

Yes No

If yes, please complete the following section

Name of Establishment Month/Year Length of Stay

1. _____
2. _____
3. _____
4. _____

How long did you reside at this address? _____

Do you currently have a lease? Yes No

If yes is your lease yearly or monthly? _____

When does your lease expire? _____

What is the total cost of your current accommodations? _____

Describe the reasons or events for you currently needing residential assistance/support:

What do you feel needs to happen or change for you to overcome your current situation?



Would you like to learn more about any of the following programs offered?

Financial Skills Social Skills Life Skills Education Upgrade
Employment Physical health Cultural awareness

Other

Explain the life changes you would like to happen during your stay in this transitional home.

What makes up your support system, or can you express your needs? (i.e. childcare, transportation, emotional support)

Education Background/Goals:

[Diploma] _____ GED _____
College [Diploma] _____
University [Degree] _____
Technical/trade [Certificate] _____
Special training/Skills? _____

Are you a survivor of residential school? Yes No



Are you an intergenerational survivor of residential school? Yes No

Were you ever in foster care? Yes No

Are you adopted? Yes No

Have you ever been sexually abused in childhood? Yes No

What was the relationship of abuser to you? _____

Have you ever been physically or emotionally abused in childhood? Yes No

What was the relationship of abuser to you? _____

Do you currently attend school? Yes No

Name of School: _____

Address of School: _____

Contact person at school:

Telephone# _____

Do you attend: Part-Time Full-Time

Last Grade completed _____

EMPLOYMENT:

Position: _____ #Hours worked/week: _____

Describe your job interests or career goals:



Health

Doctor: _____ Phone #: _____

Address: _____

Health Card # _____

Personal Health Conditions: (Check if yes)

Allergies: Food Environment Medicine

Identify: _____

Diabetes Type 1 Type II

Thyroid Hyperthyroidism Hypothyroidism

Heart Condition: Identify _____

Blood Pressure (High) Hypertension Low

Arthritis: Osteoarthritis Rheumatoid Fibromyalgia

Respiratory problems _____

Epilepsy _____

Cancer _____

Communicable diseases: Identify _____

Physical Disabilities: Identify _____

Mental Illness: Identify _____

Have you ever tried to commit suicide? Yes No

Please explain: _____ Date: _____

Have you ever had an eating disorder? Yes No

Please describe: _____

Have you ever practiced self-harm? Yes No

Date of last self-harm incident? _____

Substance use: Chemical Alcohol

Identify: _____

How many days have you been clean? _____

What was your age of first use? _____

Are you currently pregnant? _____ If yes, how many weeks? _____

Other (Please specify) _____

Are you and your children's immunization up to date? Yes No

Please list any medications you have been prescribed or are taking (Dates):



Children/Youth Health (complete for each child staying in transitional housing)

Allergies: Food Environment Medicine

Identify: _____

Diabetes Type 1 Type II

Thyroid Hyperthyroidism Hypothyroidism

Heart Condition: Identify _____

Blood Pressure (High) Hypertension Low

Arthritis: Osteoarthritis Rheumatoid Fibromyalgia

Respiratory problems _____

Epilepsy _____

Cancer _____

Communicable diseases: Identify _____

Physical Disabilities: Identify _____

Mental Illness: Identify _____

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What was your age of first use? _____

Are you currently pregnant? _____ If yes, how many weeks? _____

Other (Please specify) _____



Financial Information

Income Source

From where does your current income originate?

Employment Student Loans Ontario Works Student Grants
 ODSP Employment Insurance Other

Indicate when the benefits will stop _____

Have you ever filed for Bankruptcy? Yes No

If yes, when, where, and how much?

List all debts

<u>Account</u>	<u>Amount Owed</u>	<u>Monthly Payments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you owe money on utilities?

Gas \$ _____
 Hydro \$ _____
 Water \$ _____
 Oil/Propane \$ _____
 Telephone \$ _____
 Land Line \$ _____
 Cell \$ _____

Have you been served with an eviction notice? Yes No

The applicant certifies that all information in the Income? Expense Information Form and all information furnished in support of this statement are true and complete to the best of the applicant's knowledge and belief.

Applicant Signature

Date



Other information that you feel would be helpful to staff in designing a program that will effectively meet your needs?

Recommendations:

Eligible	Not eligible	Declined
Referral Information		
Resource/Services		
Housing applications:	_____	
ONH	Priority Status (Homeless)	Priority status (Domestic Violence)
Rent assessment to be completed		
Releases of information required	Probation and parole (in lieu of formal C.P.I.C.)	
Other	_____	

Additional Information:

1. I certify that all the information supplied is true and correct to the best of my knowledge.
2. I hereby agree to provide the Abbey House with signed releases of information deemed necessary to verify the information supplied in this application.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Directors Signature: _____