



199 St. George Street  
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## *Transitional Housing / Logements transitionnels*

### **Application Form**

#### **General Information**

<b>First Name</b>		<b>Last Name</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>D-      M-      Y-</b>

**Current Living Address:** \_\_\_\_\_

**Current phone Number:** \_\_\_\_\_

**Who are you presently living with: friends, family, support person, shelter, rooming house, streets:**  
 \_\_\_\_\_

**Who referred you? (agency) \_\_\_\_\_ Name:** \_\_\_\_\_

**Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ e-mail: \_\_\_\_\_**

<b>Do you have a guardianship status?</b>	<b>Are you presently receiving Income Assistance?</b>	
<b>Have you ever slept on the streets?</b>	<b>Have you ever received Income Assistance?</b>	
<b>Have you ever used a shelter?</b>	<b>Have you ever rented an apartment with other people?</b>	
	<b>Have you ever lived in a rooming / boarding house?</b>	

#### **Education**

**Highest level of education fully completed:** \_\_\_\_\_ **Last year in school:** \_\_\_\_\_

**Name of most recent or current school:** \_\_\_\_\_

**What are your future educational plans/goals? Would you consider returning or staying in school?**  
 \_\_\_\_\_

#### **Employment**

**Are you currently working:**  Yes  No      **Since What date:** \_\_\_\_\_

**If Yes Name of company:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Casual \_\_\_\_\_ Hrs/week     Part-time \_\_\_\_\_ Hrs/week       Full Time \_\_\_\_\_ Hrs/week

**Is there anything preventing you from working?** \_\_\_\_\_

**List some of your employable skills.** \_\_\_\_\_

**Work History (do not name current job if already stated)**

	Job Title	Employer	# of months
1			
2			

**Legal History if applicable (Most recent to current. Please add on back if needed)**

What is your present legal status?

Closed Custody  Open Custody  Parole  Probation  Court Order  N/A

What is your Termination if applicable/ Discharge date? \_\_\_\_\_

What will be your legal status upon termination / discharge

Parole  Probation  Court Order  N/A

Please list the type of offenses you've been convicted of in the past two years and how many times you have been convicted of each:

Offenses	# of times convicted
1)	
2)	
3)	
4)	

Do you still have legal issues not yet taken care of (i.e. probation, pending charges, etc.)?  Yes  No

1)	5)
2)	6)

**Support Systems**

Do you have one adult that is and will be a support person if you are accepted?  Yes  No

Name	Relationship

Do you have a network of support people from the following examples (if yes please name two):

School (i.e. orientation counselor, teacher, etc.?)	Supportive peers or friends?
Family members (i.e. parent, aunt, uncle, siblings, etc.?)	Job (i.e. co-worker, supervisor?)
<b><u>Name:</u></b>	<b><u>Relationship</u></b>
a)	
b)	

Please check off the community resources that you have accessed:

Probation (Youth Justice)	Income Assistance	Moncton Youth Residences Inc. (ISP, CASP, group Home)
Boy's & Girl's Clubs	Headstart	Sexual Health Clinic
Family Resource Centres	Mental Health	Addiction Services
YMCA	Reconnect	Family and Community Services

**Medical (Physical & Mental Health) Information**

Do you have any physical or mental/emotional health issues? (i.e. ADHD, Asthma, etc.)  Yes  No

a)	b)
c)	d)

Do you have a Medicare Card (for ID purposes)?  Yes  No # \_\_\_\_\_

Do you have a yellow/white card (given by a SW or HRD)?  Yes  No # \_\_\_\_\_

Are you presently taking any medication?  Yes  No If yes which ones:

a) \_\_\_\_\_ b) \_\_\_\_\_

Do you have: a family doctor?  Yes  No a psychologist?  Yes  No a psychiatrist?  Yes  No

Do you use substances (non prescribed) or alcohol?  Yes  No Frequency? \_\_\_\_\_

**Talent & Abilities**

**List 3 interest or hobbies you have**

a)
b)
c)

**List 3 things you are the most proud of accomplishing**

a)
b)
c)

**List 3 positive personality traits (i.e. funny)**

a)
b)
c)

**List 3 skills you have for the job market or educationally**

a)
b)
c)

***Please explain why you decided to apply for the Transitional Housing Program (present situation and needs) and what your plans would be during your stay.***

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***Please explain why you believe you would succeed in this program (i.e. list some qualities and strengths.) Please add what your future objective is in 3 months and where you want to be in 1 year or longer.***

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Should you be accepted, additional information will be required, including a signed contract

**By signing this application form, I give the transitional Housing program permission to contact or discuss my application with the referral person or any agency with whom I am a client, for the purposes of discussing my eligibility to the program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (of application)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (of application)

<b>OFFICE USE ONLY</b>
Reviewed by: _____
Accepted for the interview: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason: _____
_____
_____

<b>OFFICE USE ONLY</b>
Verified proof of age and ID: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewed by: _____
_____
_____
Date: _____ Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason if refused: _____
_____