



COUCHICHING JUBILEE HOUSE

Empowering vulnerable women to improve their quality of life through a program of individualized support and transitional housing.

ADMISSION APPLICATION FORM

Waiting List: Yes _____ No _____

Date on waiting list: _____

Name _____ Date _____

Date of Birth _____ Age _____

Phone Number (H) _____ Other # _____

Emergency Contact Person _____ Phone: _____

Relationship of emergency contact person _____

Alternate Contact Person _____ Phone: _____

Email: _____

Health Card # _____

S.I.N. # _____

Mailing Address _____

Current Address _____

How long have you lived in the Orillia area? _____

Aboriginal (if applicable)

1. Are you Native? _____ Metis? _____ Inuit? _____
2. Do you currently have status? _____
3. If so, name of band _____ and number _____
4. Do(es) your child(ren) have status? _____
5. Is he/she eligible for status? _____

Family

Number of children _____

Names	Dates of birth

Are there any food allergies in the family? _____

If yes, what? _____

Do you regularly cook for yourself and your family? _____

If so, what type of meals? _____

Do you need help with cooking skills? _____

Would your children be living with you? Yes _____ No _____

What school(s) do your children attend?

Medical concerns with the children?

Do you have any of the following in place?

Access? _____ Restraining Order? _____ Custody? _____

What are your child care arrangements?

Financial Situation:

Name of Employer _____ Phone _____

Past Employment & length of employment

Have you applied for Subsidized Housing? _____ When? _____

Do you have a vehicle? _____

Colour? _____ Make? _____ Model? _____ Year? _____

Licence Plate # _____

Insurance Company? _____ Policy # _____

Liability? _____

Government Assistance

Ontario Works monthly amount? _____

Baby Bonus monthly amount? _____

Child Support monthly amount? _____

Spousal support? _____

Any other sources of income? (e.g. investments, real estate, RRSP)

Have you ever declared bankruptcy? _____ When? _____

Applicant's Health

Have you been **diagnosed** with any medical and/or mental health conditions? ___

Explain:

Have you ever been **hospitalized** for medical and/or mental health condition? ___

Explain:

Have you ever attempted to harm yourself? If yes, explain:

Are you currently pregnant? _____ If yes, due date? _____

Are you receiving regular prenatal care? _____

Are you taking prescription medications? _____

Name of Prescription? _____

Allergies? _____

Smoker? _____

Do you drink alcohol? _____ If yes, How much? _____ How often? _____

Do you take or have you taken any recreational drugs? _____

If yes, how much? _____ How often? _____

Have you ever sought help with addictions? _____ If yes, explain _____

Do you take pain or sleeping medication? _____ How often? _____

Physician Name _____ Phone _____

Date of last visit _____

Education:

Last Grade Completed? _____ Year _____

Level: Academic/Applied/or other? _____

School(s) attended _____

Any difficulties in school? _____

Did you repeat a grade? _____ Did you receive extra support? _____

Did you run in to any behavioral problems while in school? _____ If yes, explain:

Partner Relationship:

Partner/Spouse (Name) _____ DOB _____

Present Relationship _____

Brief description of partner, i.e. height, weight, colour of hair, eyes, etc.

Length of relationship? _____ When did you separate? _____

What has partner's reaction been? _____

Is there current contact with partner? Yes _____ No _____

Details: _____

Have you or your partner ever sought counseling? Yes ____ No ____

Details: _____

Have police ever been involved in a domestic dispute or other? _____

If yes, give details: _____

Are you involved with the criminal/family justice system? _____

If yes, give details: _____

Abuse: *Abusive relationships may be past or current. To help understand your fears and stress, it is important to go back to some of these painful times and identify.*

Emotional Psychological _____

Physical _____

Financial _____

Sexual _____

Are you currently in an abusive relationship? Yes _____ No _____

Have you recently left an abusive relationship? Yes _____ No _____

What is your current contact with partner?

Are you at high risk for being harmed?

Explain

Past & Present Agency/Community Contacts:

Agency Name _____ Date _____

Reason for Contact _____

Outcome _____

Agency Name _____ Date _____

Reason for Contact _____

Outcome _____

Agency Name _____ Date _____

Reason for Contact _____

Outcome _____

Present Situation:

What events have precipitated your request for Couchiching Jubilee House?

If you stayed at Couchiching Jubilee House, how would this help your present situation?

Are there other living arrangements that you could make?

What do you do in your spare time?

Who can you count on when times are tough?

How would you describe yourself? (strengths & weaknesses)

What are your goals?

Where do you see yourself in 1 year?

In five years?

Do you realize the commitment of living at Couchiching Jubilee House?

Are you willing to work on goals with the volunteers and staff at Couchiching Jubilee House? _____

Are you willing to live in an apartment that also has some rules and regulations that other living situations would not have? _____

Please give 3 references

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Signature of Applicant:

Date: _____

Signature of interviewer(s)

Date: _____

Date: _____

Date: _____

