| Date: (yy/mm/dd) | | | | | | | | | | | | Name of Individual: Last, First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CID: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth: (yy/mm/dd) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Incomplete Referrals will not be processed and will be returned* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client / Patient Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Card: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Version code: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred mode of contact: | | | | | | | | | | |  | | | | | Home | | | | | | |  | | | | | Cell | | | | | Can we leave a message: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| Is an interpreter required: | | | | | | | | | | |  | | | | | Yes | | | | | | |  | | | | | No | | | | | Language: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Physician: | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred mode of contact: | | | | | | | | | | |  | | | | | Home | | | | | |  | | | | | | Cell | | | | | Can we leave a message: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| Is an interpreter required: | | | | | | | | | | |  | | | | | Yes | | | | | |  | | | | | | No | | | | | Language: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required Eligibility Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 18 years-of-age and older (or 16+ in Waterloo Region) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Diagnosis and/or diagnosable disorder with complex needs arising from mental health conditions and/or an addiction, concurrent or dual diagnosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Anticipated and/or current duration at least 6 months to a year, or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Negative impact of the disability in one or more major life activities (e.g., unable to navigate the community; experience functional impairments in: self-care, household management, social isolation, daytime activities, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Significant history or need of contact with a treatment provider and/or facility, such as inpatient hospital stays; there may be repeated ED visits or multiple contacts with the criminal justice system  Those typically not eligible:   * Situational life stressors that result in temporary problems in living * People who experience age related cognitive decline (e.g., dementia) are better served by senior services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Housing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your current housing situation *(check only one):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No place to stay at all *(no fixed address)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Temporary with friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hostel and/or emergency shelter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Placement at mental health facility/hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Family home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Substandard apartment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rooming and/or boarding house | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Short-term group home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Motel and/or hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Other *(specify):* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any special requirements for housing such as accessibility issues, or dependent children living with you? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please explain why you have decided to apply for supportive housing *(current situation, symptoms and needs)*? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are mental health issues interfering with completion of your life goals? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | | | |
| Housing Requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of housing requested *(you can request transitional and longer term at the same time): (e.g., Rent subsidy thru Dunara, Thresholds, CMHA)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Transitional (Discovery House) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Intensive Supportive Housing—Off—Site Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Step-Down from In-Patient @ Homewood Health Centre (Discovery House) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Intensive Supportive Housing—On—Site Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Shared Independent Living | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a preferred location? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No | | | | | | |  | | | | | Kitchener-Waterloo | | | | | | | | | | | | | | | | | | | |  | | Cambridge | | | | | | | | | | | | | | | | | | | |  | | Guelph Wellington Dufferin | | | | | | | | | | | | | | |
| Are you currently on any other housing waiting lists? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | |
| If yes, specify: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Supports Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What areas of life do you need support with? *(check as many as you want)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Friendships and social contacts | | | | | | | | | | | | | | | | | |  | | | A place to live/housing | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Employment | | | | | | | | | | | | | | | | | | | | | | |
|  | Education | | | | | | | | | | | | | | | | | |  | | | Volunteer work | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Recreation/leisure activities | | | | | | | | | | | | | | | | | | | | | | |
|  | Support groups/self-help | | | | | | | | | | | | | | | | | |  | | | Emotional support | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Accessing social services | | | | | | | | | | | | | | | | | | | | | | |
|  | Household skills training *(e.g., cooking)* | | | | | | | | | | | | | | | | | |  | | | Accessing health treatment services  *(family doctor, psychiatric treatment)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Financial (i.e., budgeting, application for pension) | | | | | | | | | | | | | | | | | | | | | | |
|  | Concurrent mental health & addictions supports | | | | | | | | | | | | | | | | | |  | | | Personal planning and decision-making *(Recovery planning)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Legal supports, diversion/ court support | | | | | | | | | | | | | | | | | | | | | | |
|  | Medication management | | | | | | | | | | | | | | | | | |  | | | Crisis intervention planning | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Risk concerns-self, others | | | | | | | | | | | | | | | | | | | | | | |
|  | Risk concerns-others | | | | | | | | | | | | | | | | | |  | | | Other *(specify):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Single *(never married)* | | | | | | | | | | | | | | | | | |  | | | Separated or divorced | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Married/ partner/ common-law | | | | | | | | | | | | | | | | | | | | |
|  | Widow/widower | | | | | | | | | | | | | | | | | |  | | | Number of dependents: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently receiving ODSP? | | | | | | | | | | | | | | | | | |  | | | | No | | | | |  | | | | Yes for: | | | | | | |  | Income Support | | | | | | | | | | | | | | | | | |  | | Employment Support | | | | | | | | | | | | | |
| Are you receiving Ontario Works? | | | | | | | | | | | | | | | | | |  | | | | No | | | | |  | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, workers name: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| What is your current monthly income? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Source: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Substance Use History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a substance abuse issue and/or addiction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | | No | | |
| Please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What drugs *(including alcohol)* have you used in the last 12 months: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How has alcohol/drug use affected your life? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How often do you use alcohol/ non-beverage alcohol? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How often do you use other drugs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Health & Mental Health** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you experience any… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical health concerns? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | | No | | |
| If yes, please list any current or previous physical health diagnoses/concerns: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mental health concerns? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | | No | | |
| If yes, please list any current or previous mental health *diagnoses*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please list any undiagnosed mental health concerns: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current Medications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | | | | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | Frequency | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | | | | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | Frequency | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | | | | | | | | | | | | | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | Frequency | | | | | | | | | | | | | | | | | | | | |
| **Support Networks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a network of current health or mental health support from the following examples? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Members | | | | | | | | | | | | |  | | | | Yes | | | | |  | | | | No | | | | Supportive Peers or Friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | |
| Addiction Counsellor | | | | | | | | | | | | |  | | | | Yes | | | | |  | | | | No | | | | Sponsor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | |
| Self-Help/Support Group | | | | | | | | | | | | |  | | | | Yes | | | | |  | | | | No | | | | Support Coordinator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes\* | | | |  | | | No | |
| *\*If YES***,** Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Contact information: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Other**,** Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Contact Information: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Services/ Hospitalization History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been to the hospital emergency department in the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | | | | No | | | |
| *(ex. Breathing problems, anxiety/panic, depression, overdose, attempted suicide, alcohol poisoning, fights, falls, stitches, heart problems, car accident, assault, sexual assault, seizures, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, how many times: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What problems took you to the emergency department? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you been hospitalized in the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | | | | | | No | | | |
| If yes, how many times: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Why were you admitted to hospital? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you accessed/been admitted to a Detox/Withdrawal Management or Police Detox “drunk tank” in the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | | | | | | No | | | |
| If yes, how many times: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No formal schooling | | | | | | | | | | | | | | | | | |  | | | | Some primary school | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Completed primary school | | | | | | | | | | | | | | | | | | | |
|  | | Some high school | | | | | | | | | | | | | | | | | |  | | | | Completed high school | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Some college | | | | | | | | | | | | | | | | | | | |
|  | | Completed college | | | | | | | | | | | | | | | | | |  | | | | Some university | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Completed university | | | | | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please check your current status:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Full-Time | | | | | | | | | | | | | | | | | |  | | | | Unemployed | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Retired | | | | | | | | | | | | | | | | | | | |
|  | | Part-Time | | | | | | | | | | | | | | | | | |  | | | | Student/Retraining | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Disabled | | | | | | | | | | | | | | | | | | | |
|  | | Volunteering | | | | | | | | | | | | | | | | | |  | | | | Not in labour force | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Unknown | | | | | | | | | | | | | | | | | | | |
| Previous employers (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Legal History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you on probation? | | | | | | | | | | |  | | | | | Yes | | | | | |  | | | | No | | | | Are you on parole? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | |  | | | No | | | | |
| If yes to any above, until when? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please list conviction and conditions of probation/parole: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have any outstanding charges, bench warrants? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | |  | | | | No | | | |
| Do you have any outstanding court dates? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | |  | | | | No | | | |
| Have you had a recent (past 6 months) criminal background check completed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | |  | | | | No | | | |
| Completed by (signature): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |