



536 Chemin Mountain Road
 Moncton, NB, E1C 2N5
 Tel: (506) 869-6301 Fax/télécopieur: (506) 869-6444
 afielding@youthimpact.org

Transitional Housing / Programme d'hébergement de transition
Application Form

General Information

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

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: _____

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

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?)
<u>Name:</u>	<u>Relationship</u>
<u>a)</u>	
<u>b)</u>	

Please check off the community resources that you have accessed:

Probation (Youth Justice)	Income Assistance	Youth Impact Jeunesse (ISP, Learning Centre, Group Home)
Boy's & Girl's Clubs	Headstart	Sexual Health Clinic
Family Resource Centres	Mental Health	Addiction Services
YMCA	Reconnect	Social Development

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	List 3 things you are the most proud of accomplishing
a) _____	a) _____
b) _____	b) _____
c) _____	c) _____
List 3 positive personality traits (i.e. funny)	List 3 skills you have for the job market or educationally
a) _____	a) _____
b) _____	b) _____
c) _____	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.

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.

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

Signature of Applicant

Date (of application)

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

OFFICE USE ONLY
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: _____

