



# THE REFUGE

Like a shelter from the wind and a refuge from the storm

## APPLICATION

Date of Application: \_\_\_\_\_

### PERSONAL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Can a message be left at this number?  Yes  No

Date of Birth: \_\_\_\_\_ When do you want/need to move? \_\_\_\_\_

All information contained in this or other documents is confidential and only used for assessment purposes

### HOUSING

Current Address (if you have one): \_\_\_\_\_

When did you start living there? \_\_\_\_\_

Rent / month: \$ \_\_\_\_\_ Does this include utilities?  Yes  No

Current landlord's name: \_\_\_\_\_ phone: \_\_\_\_\_

Would it be okay if we contacted him/her for a reference?  Yes  No

Have you notified your landlord that you are looking for other housing?  Yes  No

Do you have any outstanding: bills?  Yes  No rent?  Yes  No

### YOUR TIME/ YOUR TRANSITION

*Some of our members are working, attending school, participating in a training or recovery program. **What is the case for you?***

\_\_\_ working \_\_\_ attending school \_\_\_ attending a training program \_\_\_ in a recovery program

\_\_\_ dealing with a relational challenge \_\_\_ having trouble making decisions \_\_\_ needing a safe place to live

Name & location: \_\_\_\_\_

If employed, how long have you had this job? \_\_\_\_\_ How much do you earn? \_\_\_\_\_

### REFERENCE:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known them? \_\_\_\_\_

**INCOME ASSISTANCE:** *If you receive income assistance*

Worker's name: \_\_\_\_\_ Worker's phone: \_\_\_\_\_

Do you currently have an overpayment with Income Assistance?  Yes  No

*If yes, how much is being deducted monthly from your cheque?* \_\_\_\_\_

Do you receive money (other than rent and personal amount) from Assistance?  Yes  No

*If yes, what is this additional funding for?* \_\_\_\_\_

**PERSONAL REFLECTION:** *(Circle the best answer)*

1. In the last month, how often have you felt that you were unable to control the important things in your life?

Never                  Almost never                  Sometimes                  Fairly often                  Very often

2. In the last month, how often have you felt that things were going your way?

Never                  Almost never                  Sometimes                  Fairly often                  Very often

3. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never                  Almost never                  Sometimes                  Fairly often                  Very often

What do you think are the main areas in your life that you would benefit from being part of The Refuge community? \_\_\_\_\_

What do you think is the main area you could contribute to The Refuge community? \_\_\_\_\_

Do you have any questions or additional comments? \_\_\_\_\_

I verify that all information provided in this application/agreement is correct.  Yes  No

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Received on: \_\_\_\_\_ received by: \_\_\_\_\_ Response: \_\_\_\_\_ date: \_\_\_\_\_

Would you consider recommending this candidate for an intake interview? \_\_\_\_ yes \_\_\_\_ no

Comments: \_\_\_\_\_  
\_\_\_\_\_

Requested date for admission/residency: \_\_\_\_\_

Challenges that were identified \_\_\_\_\_ addictions  
(on the phone or by referral) \_\_\_\_\_ mental health  
\_\_\_\_\_ corrections  
\_\_\_\_\_ family  
\_\_\_\_\_ work  
\_\_\_\_\_ school  
\_\_\_\_\_ other  
\_\_\_\_\_ other

Plan for Interview                      who                      when  
\_\_\_\_\_                      \_\_\_\_\_

Follow up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preparation for Intake Interview

Intake Interview \_\_\_\_\_ date & time: \_\_\_\_\_  
Residency Confirmation form DCS: \_\_\_\_\_  
Release of Information form directed to: \_\_\_\_\_  
Request- direct deposit form DCS: \_\_\_\_\_