



\*\*\*If you have been a resident of Eva's Phoenix in the past please do not fill out this form.\*\*\*

Call us to request a "Re-application Form"

Please bring to your interview: SIN Card/Work Permit, Verification of Birth, and Government Issued Photo ID

**Personal Information**

Applicant's Name: \_\_\_\_\_ Gender:  F  M  TS  TG  
Last First Preferred Name

Address: \_\_\_\_\_

Main Phone/Voice Mail/Pager/Cell: \_\_\_\_\_ Alternate contact #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ day/ \_\_\_\_\_ month/ \_\_\_\_\_ year Age: \_\_\_\_\_ S.I.N. # \_\_\_\_\_

Status:  Canadian Citizen  Native Status  Landed Immigrant  Sponsored Immigrant  
 Convention Refugee  Refugee Claimant

If you are a refugee or sponsored immigrant, do you have a valid work permit?  Yes  No

Language: First Language? \_\_\_\_\_ Is an interpreter required? \_\_\_\_\_

Do you have a diagnosis for any learning needs? If so, please list the diagnosis

\_\_\_\_\_

Do you require any accommodation and/or assistive devices?  Yes  No. If yes, please explain.

\_\_\_\_\_

Have you ever applied to Eva's Phoenix in the past?

Yes If yes, please state date of last application: \_\_\_\_\_ month/ \_\_\_\_\_ year

What is your main reason for seeking Phoenix services?

Employment Programs  Employment and Independent Living Programs  Independent Living Program

**Education and Employment History**

Last grade completed? \_\_\_\_\_ Currently in School: PT / FT / Night School / College / University

Other education experiences: \_\_\_\_\_

Do you plan on returning to school?  Yes  No. If yes: GED / FT / Night School / College / University

Do you have a:  learning disability  developmental delay  ADD/ ADHD

Have you had a:  Educational and/or  Vocational assessment? Date(s): \_\_\_\_\_

Are you currently working?  Yes  No  
If yes,  Part time (under 24 hrs) or  Full time (over 24 hrs)

Please state the position and place of work:

\_\_\_\_\_

Are you currently participating in an employment/training program?  Yes  No  
If yes,  Part time (under 24 hrs) or  Full time (over 24 hrs)

Please provide the name of the program: \_\_\_\_\_

Are you currently working with other supports around employment?

Yes  No If yes, please specify: \_\_\_\_\_

What are your employment goals? (must be achievable within a 12 month period)

\_\_\_\_\_

### Criminal History

Are you on probation?  Yes  No If yes, until when? \_\_\_\_\_

If yes, please list charges and conditions of probation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding charges, bench warrants?  Yes  No Outstanding court dates?  Yes  No

If yes, please give details and dates: \_\_\_\_\_

\_\_\_\_\_

Do you have a lawyer?  Yes  No

### Housing/Shelter History (This section to be completed by those applying to our employment and housing programs)

Have you ever used the shelter/hostel system?  Yes  No

If yes, where and when was your most recent stay? \_\_\_\_\_

What is your current housing arrangement? \_\_\_\_\_

How long have you lived in Toronto? \_\_\_\_\_

Where you living before? \_\_\_\_\_

**Health:**

Do you have a history of:

**Physical health** concerns?  Yes  No

Please Explain: \_\_\_\_\_

Current/Past meds and/ or supports? \_\_\_\_\_

Are you pregnant?  Yes  No If yes, how far along are you?

**Mental health** concerns?  Yes  No

Please Explain: \_\_\_\_\_

Current/Past meds and/ or supports? \_\_\_\_\_

**Substance** concerns?  Yes  No

Please Explain: \_\_\_\_\_

Current/ Past meds and/ or supports? \_\_\_\_\_

Do you want support exploring the possibility that you may have health concerns? Please check all that apply:

Physical  Mental  Emotional  Substance use  Other

**Income:**

Are you currently receiving ODSP?  Yes  No  Income support  Employment Support  Both

Please include Worker's name and contact info: \_\_\_\_\_

Are you receiving Ontario Works?  Yes  No

Please include Worker's name and contact info: \_\_\_\_\_

Are you working with the Children's Aid Society?  Yes  No

Please include Worker's name and contact info: \_\_\_\_\_

## Employment and Independent Living Skills:

This information will assist the Eva's Phoenix team in determining how we may be able to support you in developing achievable goals in the different areas listed if you are accepted into the Eva's Transitional Housing Program. On a scale of 1 to 3 (1 being not comfortable, 2 somewhat comfortable, 3 very comfortable), please describe how comfortable you are in completing the following tasks.

| <b>Job and Employment skills</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|--|----------|----------|----------|----------|
| When I complete a job application  |          |          |          |          |
| When I use Microsoft Word  |          |          |          |          |
| I know how to dress for an interview   |          |          |          |          |
| I know how to write a resume   |          |          |          |          |
| I know where to go to look for jobs  |          |          |          |          |
| I understand the appropriate way to speak during an interview                      |          |          |          |          |
| I am able to handle my anger when angry at a supervisor or co-worker               |          |          |          |          |
| I know my legal rights as an employee  |          |          |          |          |
| I know how to write a cover letter   |          |          |          |          |
| I know where to look for career/job information                                    |          |          |          |          |
| I know how to answer interview questions   |          |          |          |          |
| I know how to present my skills and attributes to an employer in a positive manner |          |          |          |          |
| I like working in groups   |          |          |          |          |
| I like working independently   |          |          |          |          |
| I learn by doing   |          |          |          |          |
| I learn by reading   |          |          |          |          |
| I learn by listening   |          |          |          |          |
| <b>Food and Cooking</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
| I can use the kitchen appliances (stove, microwave) effectively and safely         |          |          |          |          |
| I am able to cook myself a nutritional meal  |          |          |          |          |
| I can make meals using a recipe  |          |          |          |          |
| I think about what I eat and how it impacts my health                              |          |          |          |          |
| I wash my dishes after most meals  |          |          |          |          |
| I understand unit pricing and know how to comparison shop                          |          |          |          |          |
| <b>Money Management</b>  |          |          |          |          |
| I know how to open a bank account  |          |          |          |          |
| I know the typical fee charged for using a bank machine                            |          |          |          |          |
| I have completed an income tax form  |          |          |          |          |
| I am a good money manager  |          |          |          |          |
| I know how to make a budget  |          |          |          |          |
| I pay my bills on time within the last 30 days                                     |          |          |          |          |
| When I get money I always put some in savings                                      |          |          |          |          |
| <b>Personal Appearance and Hygiene</b>   |          |          |          |          |
| I brush my teeth 2 times a day   |          |          |          |          |
| I understand how to properly load a washing machine and dryer                      |          |          |          |          |
| I shower at least once daily   |          |          |          |          |
| I know how to wash clothing by reading the instructions on the tag                 |          |          |          |          |

| <b>Cleaning and Housekeeping</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|---|----------|----------|----------|----------|
| I wash my bed sheets regularly  |          |          |          |          |
| I know what cleaning products to use for specific cleaning jobs   |          |          |          |          |
| I am able to keep my house clean without help   |          |          |          |          |
| I know what repairs a landlord should perform   |          |          |          |          |
| Know how to get rid of and avoid roaches, ants, mice, etc.  |          |          |          |          |
| I know how to sweep and wash the floors   |          |          |          |          |
| <b>Interpersonal and Relationship Skills</b>  |          |          |          |          |
| I usually receive feedback without getting angry  |          |          |          |          |
| I trust others  |          |          |          |          |
| I am able to resolve conflict with others   |          |          |          |          |
| I can describe the relationship between actions and consequences  |          |          |          |          |
| I understand and respect other peoples boundaries   |          |          |          |          |
| I do not keep my feelings to myself   |          |          |          |          |
| I take accountability for my actions  |          |          |          |          |
| I am in regular contact with a person who i consider family   |          |          |          |          |
| I can tell if a relationship is dangerous or unhealthy  |          |          |          |          |
| I have a group of people in my life who support me  |          |          |          |          |
| <b>Health</b>   |          |          |          |          |
| Can determine when to go to an emergency room and when to make an appointment with the doctor or go to a clinic |          |          |          |          |
| I treat simple injuries like cuts, bites, stings, and splinters   |          |          |          |          |
| I can resist pressure to have sex   |          |          |          |          |
| I how to protect myself from sexually transmitted infections/ pregnancy   |          |          |          |          |
| I can read a prescription and follow the instructions   |          |          |          |          |
| I am able to take my medication independently   |          |          |          |          |
| I am able to attend medical appointments alone  |          |          |          |          |

Please list 5 specific goals you want to achieve in 6 months to 1 year?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_



**Is there any additional information that would assist us in meeting your needs?**  
Please include information about diagnosed or suspected learning disabilities, attention disorders, mental health concerns, or needed skills development in areas of conflict/ problem solving

---

---

---

---

**Release of Information**

I, \_\_\_\_\_, (print name of applicant), D.O.B., \_\_\_\_ \_\_\_\_ \_\_\_\_ (d/m/y), hereby permit any exchange of information deemed appropriate between the three shelters of Eva's Initiatives and the referring worker/agency to facilitate my application to Eva's Phoenix. I understand that the information exchanged will be handled in a discreet and confidential manner.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ day/ \_\_\_\_ month/ \_\_\_\_ year

**Referring Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ day/ \_\_\_\_ month/ \_\_\_\_ year

For Internal Use Only: Referral Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\*If you have been a resident of Eva's Phoenix in the past please do not fill out this form.\*\*\*  
Call us to request a "Re-application Form"

|  |         |
|--|---------|
| Referring Worker:                                    | Agency: |
| Telephone and Ext. #:                                | E-mail: |
| Applicant Name:                                      |         |
| How long have you been working with this individual? | Fax:    |

What are the reasons you are referring this young person to Eva's Phoenix? Please be specific:

---

---

---

---

---

---

---

---

What support do you feel this young person needs most from Eva's Phoenix?

---

---

---

---

---

---

---

---

Are you willing to continue to act as a support for this young person? How involved will you be? Please be specific (case conference, check in, etc.)

---

---

---

---

---

---

---

---

Please list other community supports that are working with this young person. Are there any other community supports you would recommend?

---

---

---

---

---

---

---

---



Is the young person experiencing mental health concerns? Or has in the past? Does the young person have a diagnosis? Are they working with any community supports?

---



---



---



---



---



---

Does the young person have a history of chaotic substance use? Are they currently using? What does their use look like? Are they accessing community support for their use?

---



---



---



---



---



---

Based on your observations, please identify on a scale of 1-3 how comfortable you believe the young person is in the different areas listed below. Please leave blank if not observed.

| <b>Job and Employment skills</b>   | <b>1</b> | <b>2</b> | <b>3</b> |
|--|----------|----------|----------|
| Have completed a job application   |          |          |          |
| Have been employed   |          |          |          |
| Know how to dress for an interview                                       |          |          |          |
| Know how to write a resume   |          |          |          |
| Know where to go to look for jobs  |          |          |          |
| Understand the appropriate way to speak during an interview              |          |          |          |
| Able to handle my anger when angry at a supervisor or co-worker          |          |          |          |
| Knows legal rights as an employee  |          |          |          |
| <b>Food and Cooking</b>  |          |          |          |
| Can use the kitchen appliances (stove, microwave) effectively and safely |          |          |          |
| Able to cook myself a nutritional meal                                   |          |          |          |
| Can make meals using a recipe  |          |          |          |
| Thinks about what they eat and how it impacts their health               |          |          |          |
| Wash my dishes after most meals  |          |          |          |
| Understand unit pricing and know how to comparison shop                  |          |          |          |
| <b>Money Management</b>  |          |          |          |
| Know how to open a bank account  |          |          |          |
| Know the typical fee charged for using a bank machine                    |          |          |          |
| Have completed an income tax form  |          |          |          |
| Am a good money manager  |          |          |          |
| Know how to make a budget  |          |          |          |
| Paid bills on time within the last 30 days                               |          |          |          |
| When I get money I always put some in savings                            |          |          |          |
| <b>Personal Appearance and Hygiene</b>                                   |          |          |          |
| Brush my teeth 2x a day  |          |          |          |
| Understand how to properly load a washing machine and dryer              |          |          |          |
| Shower at least once daily   |          |          |          |

|  |  |  |  |
|--|--|--|--|
| Know how to wash clothing by reading the instructions on the tag |  |  |  |
|--|--|--|--|

| Health  | 1 | 2 | 3 |
|---|---|---|---|
| Can determine when to go to an emergency room and when to make an appointment with the doctor or go to a clinic |   |   |   |
| Can treat simple injuries like cuts, bites, stings, and splinters   |   |   |   |
| Can resist pressure to have sex   |   |   |   |
| Knows how to protect myself from sexually transmitted diseases/ pregnancy                                       |   |   |   |
| Can read a prescription and follow the instructions   |   |   |   |
| Is able to take medication independently  |   |   |   |
| Am able to attend medical appointments alone  |   |   |   |
| <b>Cleaning and Housekeeping</b>  |   |   |   |
| Wash bed sheets regularly   |   |   |   |
| Know what cleaning products to use for specific cleaning jobs   |   |   |   |
| Able to keep my house clean without help  |   |   |   |
| Know what repairs a landlord should perform   |   |   |   |
| Know how to get rid of and avoid roaches, ants, mice, etc.  |   |   |   |
| Know how to sweep and wash the floors   |   |   |   |
| <b>Interpersonal and Relationship Skills</b>  |   |   |   |
| Usually receive feedback without getting angry  |   |   |   |
| Trust others  |   |   |   |
| Able to resolve conflict with others  |   |   |   |
| Can describe the relationship between actions and consequences  |   |   |   |
| Understand and respect other peoples boundaries   |   |   |   |
| Don't keep my feelings to myself  |   |   |   |
| Take accountability for my actions  |   |   |   |
| In regular contact with a person who i consider family  |   |   |   |
| Can tell if a relationship is dangerous or unhealthy  |   |   |   |
| Have a group of people in my life who support me  |   |   |   |

Is

there any other information that you would like to share about this young person?

---



---



---



---



---



---



---

|  |
|--|
| For Internal Use Only: Referral Reviewed By: _____ Date: _____ |
|--|