



**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

**If you answered yes**, please state your current occupation and the name of your workplace

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Please state your hours of work below:

25 hours per week or less

More than 25 hours per week?

Do you wish to stay in your current job?  yes  no

4. What is the highest grade that you have completed? \_\_\_\_\_

5. Are you currently working on schooling or a GED program?  yes  no

**If you answered yes**, please state the month and year that you expect to complete your school or GED program:

\_\_\_\_\_ Month \_\_\_\_\_ Year

Where are you doing your schooling? \_\_\_\_\_

What are the hours? \_\_\_\_\_

What is your worker's name? \_\_\_\_\_

**Employment Goals**

**Our Employment Programs are structured to meet your individual employment goals and needs.**

Please identify your top three career interests:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Print Shop program

\*Please note that spaces in some programs may be limited due to demand. We will make every effort to find a program that meets the employment interests and goals of eligible applicants.

**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

**Mental Health:** Do you have a history of mental health concerns? Yes  No

**If yes,** have you ever been prescribed a drug for this concern? Yes  No

**If yes,** do you have a support system for this concern? Yes  No

Please specify: \_\_\_\_\_

**Physical Health:** Do you have a history of physical health concerns? Yes  No

**If yes,** have you ever been prescribed a drug for this concern? Yes  No

**If yes,** do you have a support system for this concern? Yes  No

Please specify: \_\_\_\_\_

**Substance Use:** Does applicant have a history of drug/alcohol misuse? Yes  No

If yes, then please describe any past/current supports: \_\_\_\_\_

**Criminal History:** Do you have a criminal record? Yes  No  **if yes,** please list charge(s)?

\_\_\_\_\_

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

**If yes,** then please list charges and conditions of probation: \_\_\_\_\_

\_\_\_\_\_

**Are you currently on bail?** Yes  No

Are there any outstanding charges, bench warrants? Yes  No  Are there outstanding court dates? Yes  No

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

Do you have a lawyer? Yes  No

**Additional Comments:**

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

**IF YOU ARE RE-APPLYING FOR EMPLOYMENT PLEASE FILL THIS SECTION OUT**

1. Please list the month and year that you were involved in employment programming at Eva's Phoenix:

\_\_\_\_\_ Month                      \_\_\_\_\_ Year

2. Please list the month and year that you left employment programming at Eva's Phoenix:

\_\_\_\_\_ Month                      \_\_\_\_\_ Year

3. Which Employment Program were you involved in at Eva's Phoenix & who was your Employment Support Worker?

\_\_\_\_\_

4. Were you asked to leave this program?                       yes                       no

5. If no, then why did you leave the programming at Eva's Phoenix?

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

**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

6. If yes, then please identify the reasons you were asked to leave the programming? Please check off any/all that apply:

- Conflict with another participant in the program
- Conflict with a staff person at Eva's Phoenix
- Conflict with an employer at job placement
- Punctuality or Absenteeism
- Change in employment goals
- Incomplete tasks in Life Skills Programming
- Missed appointments with Employment Counsellor
- Program didn't meet expectations
- Other reasons please specify:

---

---

---

7. If you were asked to leave the program how did you feel about this decision?

---

---

---

---

8. What would you like to accomplish if you are re- admitted to programming at Eva's Phoenix?

---

---

---

---

---

---

**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

9. Please tell us how you have been working toward these goals since leaving the program at Eva's Phoenix:

---

---

---

---

---

---

---

---

10. Please tell us how you plan to achieve these goals if you are re-admitted:

---

---

---

---

---

---

---

---

11. What support do you need from Eva's Phoenix in order to accomplish these goals?

---

---

---

---

---

---

---

---

---

**IF YOU ARE RE-APPLYING FOR HOUSING PLEASE FILL OUT THIS SECTION**

1. Please list the month and year that you moved into Eva's Phoenix: \_\_\_\_\_ Month \_\_\_\_\_ Year

2. Please list the month and year that you left Eva's Phoenix: \_\_\_\_\_ Month \_\_\_\_\_ Year

3. Were you asked to leave Eva's Phoenix?       yes       no

4. If no, then please explain why you left Eva's Phoenix.

---

---

---

---

---

---

---

---

**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

5. If yes, then please identify the reasons for your discharge from Eva's Phoenix?

Please check off any/all that apply:

- Conflict with another resident at Eva's Phoenix
- Conflict with a staff person at Eva's Phoenix
- Substance Use
- Not engaging in employment or housing programming
- Not following action plan
- Breaking Rules
- Missed appointments with primary worker
- Other reasons? Please describe:

6. How did you feel about the discharge?

---

---

7. What are the 5 main things you would like to accomplish if you are re-admitted to Eva's Phoenix?

---

---

---

---

---

8. How long do you think you need to stay at Eva's Phoenix to achieve these goals?

---

---

**EVA'S PHOENIX  
RE-APPLICATION FORM FOR HOUSING & EMPLOYMENT**

9. What support do you need from Eva's Phoenix in order to accomplish these goals?

---

---

10. How much money have you saved since you left Eva's Phoenix? \_\_\_\_\_

11. Do you have a bank account?             yes             no

12. Do you have any outstanding debts?             yes             no

if yes, please specify:

---

13. What is the most important thing you want us to know about your re-application to Eva's Phoenix Programming?

---

---

---

---

---

---

---

---

---

---

I, \_\_\_\_\_, D.O.B., \_\_\_\_ \_\_\_\_ hereby permit  
(print name of applicant),            (d       /m       /y),

any exchange of information deemed appropriate between Eva's Phoenix 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.

Participant Signature: \_\_\_\_\_

Referring Worker Signature: \_\_\_\_\_