Please use this form for all applicants who have previously participated in an Eva's Phoenix employment program or have lived at Eva's Phoenix

REFERRAL IN				·]				
Referring Agency		Today's Date: Email: Fax:						
Referring Worke Telephone and F								
Telephone and Ext.:Fax:How long have you been working with this individual?								
<u>Personal Inform</u>	ation							
Applicants Name	•		Gen	der: $F \Box M \Box TS \Box TG \Box$				
	Last	First	t					
Current Address:								
	Street # & Name	Apt. #	Postal Code	City				
fain Phone #:	A	Alternate contac	t #					
Eva's Phoenix sı	uggests that all applicat	nts arrange for c	a free voice mailbox s	o we can contact you about yo				
pplication.)								
ate of Birth:	day/montl	h/year	Age:					
IN #								
	·							
egal Status: 🗆 Ca	n.Citizen 🗆 Native Statu	ıs 🗆 Landed Immi	grant 🗆 Sponsored Im	nigrant Convention Refugee				
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vnat Eva's Pho	enix Services are you	re-applying for	.					
Employment	or 🗆 Em	ployment & Ho	ousing					
. Please indicate	your current living arra	angement:						
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independent	\Box family \Box	shelter 🗆 gi	roup nome \Box o	tner				
How long have y	ou lived there?							
How long do v	ou expect to stay in you	ur current living	arrangement?					
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. Are you curre	ntly working?	□ yes	□ no					
, Ale you culle	nuy working:	L yes						
you answered	no, describe your activ	vities since leavir	ng Phoenix programm	ing:				

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? \Box yes \Box no
4. What is the highest grade that you have completed?
5. Are you currently working on schooling or a GED program? \Box yes \Box 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.

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:
<u>Physical Health</u> : 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, have you ever been presented a drug for this concern? Yes \Box No \Box Please specify:
<u>Substance Use:</u> Does applicant have a history of drug/alcohol misuse? Yes □ No □ If yes, then please describe any past/current supports:
<u>Criminal History:</u> Do you have a criminal record? Yes \Box No \Box if yes, please list charge(s)?
Are you currently on probation? Yes \Box No \Box If yes, until when? If yes, then please list charges and conditions of probation:
Are you currently on bail? Yes \square No \square Are there any outstanding charges, bench warrants? Yes \square No \square Are there outstanding court dates? Yes \square No \square If yes, please give details and dates:
Do you have a lawyer? Yes \square No \square
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? \Box yes \Box no

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

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?

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? \Box yes \Box no

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

- 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?

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	\Box no						
12. Do you have any outstanding debts?	\Box yes	\Box 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:_____