



EVA'S HOUSING & FOLLOW UP PROGRAM

For additional information please contact Eva's Coordinated Intake Team
T: 416-364-4716 x 236 F: 647-317-6511 E: intake@evas.ca
Applications and referrals will be accepted via email or fax.

PROGRAMS*

- Family Reconnect Program**
- YOUth Belong Housing
- YOUth Belong Bursary***
- Eva's Phoenix Transitional Housing

*The application form is to be completed by applicant on pages 1-4 prior to signing the **Release of Information** on page 5. The referring worker is to complete the referral section on pages 6-7

If you are applying to the Family Reconnect Program also complete applicable section on page 4 prior to signing the **Release of Information on page 5

***If you are applying to the YOUth Belong Bursary program also complete the applicable section on page 5 prior to signing the **Release of Information** below

YOUTH INFORMATION

Date:		SMIS Number, if applicable:	
Legal Surname:		Legal First Name:	Preferred Name:
Date of Birth (DD/MM/YYYY):	Age:	Do you have any dependents? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	Is an interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many and how old?	
Street Address:		City:	
Contact Phone Number:	Email Address:	Safe to call? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Text Message	
Have you ever applied to an Eva's Initiatives program in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please stated date of last application ____month/ ____Year & program applied to:	

APPLICATION



BACKGROUND INFORMATION

What is your current status in Canada? <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Native Status <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent resident <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Other (<i>please specify</i>)	Hearing date: If you are a refugee or sponsored immigrant, do you have a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Race: How do you identify?	
Gender: How do you identify?	Gender Pronouns:
Are you a member of the LGBTQ2S+ Community? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you want to specify?	
Do you have all your ID? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what ID do you still need?	
Have you been involved with the Child Welfare System? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSING

Current Living Situation	
<input type="checkbox"/> Independent or shared housing <input type="checkbox"/> With parent(s)/family member <input type="checkbox"/> With adoptive family <input type="checkbox"/> With relatives <input type="checkbox"/> In a group home or residential facility <input type="checkbox"/> With a friend's family	<input type="checkbox"/> Eva's Place <input type="checkbox"/> Eva's Phoenix <input type="checkbox"/> Eva's Satellite <input type="checkbox"/> At another Shelter <input type="checkbox"/> On the Street <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Other location, please specify,
Are you currently on the Social Housing (or Rent-Geared-to-Income) Waiting List? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list application date:	If NO, do you want to apply for Social Housing (or Rent-Geared-to-Income)? <input type="checkbox"/> YES <input type="checkbox"/> NO
How many shelters have you accessed?	How long have you been homeless?
	How many times have you experienced homelessness?

INCOME

Are you currently receiving ODSP?	Workers Name:	Workers Contact Information:
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Income Support <input type="checkbox"/> Employment Support <input type="checkbox"/> Other		
Are you receiving Ontario Works? <input type="checkbox"/> YES <input type="checkbox"/> NO	Workers Name:	Workers Contact Information:
Are you currently working with Children's Aid Society? <input type="checkbox"/> YES <input type="checkbox"/> NO	Workers Name:	Workers Contact Information:
Are you currently receiving any bursaries or have you ever applied for a bursary in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date:	If YES, who are you receiving it from?

EDUCATION

Are you currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, what level of education have you completed?
Are you interested in pursuing further education?

HEALTH

Physical Health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain, include any current/past medication and/or supports:
Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how far along are you?
Mental Health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain, include any current/past medication and/or supports:
Substance concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain, include any current/past medication and/or supports:
How often do you access emergency health services (police, ambulance, fire):
Do you want support exploring the possibility that you may have health concerns? Select all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Emotional <input type="checkbox"/> Substance Use <input type="checkbox"/> Other:

INDEPENDENT LIVING SKILLS

PLEASE RATE YOUR SKILLS OUT OF 3. SCALE: 1 IS NOT KNOWLEDGEABLE AND 3 IS VERY KNOWLEDGEABLE	
Financial Literacy (making a budget, following the budget, saving, debt, etc.)	Choose an item.
Searching for Housing (where to look, contacting landlords, applying, your rights, etc.)	Choose an item.
Conflict Resolution (working with others to peacefully resolve disagreements)	Choose an item.
Interpersonal (skills used to interact with others in healthy ways)	Choose an item.
Cooking (comparison shopping, following a recipe, making a meal, using appliances, etc.)	Choose an item.

Nutrition (Canada Food Guide, eating nutritional meals, reading ingredients, etc.)	Choose an item.
Personal Hygiene and Care (showering daily, laundry, cleaning, etc.)	Choose an item.
Oral Hygiene (brushing teeth 2x/day, flossing, regular dental cleaning & check-up, etc.)	Choose an item.
Recreation/Physical Fitness (hobbies, physical activity, etc.)	Choose an item.
Getting a job (job search, resume, applying, interviewing, your rights, etc.)	Choose an item.
Following written instructions	Choose an item.
How would you rate your physical health?	Choose an item.
How equipped do you feel to deal with the current level of stress in your life?	Choose an item.
How equipped do you feel to use public transportation	Choose an item.

IF YOU ARE APPLYING TO EVA'S FAMILY RECONNECT PROGRAM ANSWER THE BELOW QUESTIONS:

Please list your main areas of concern and what you would like to achieve in counselling?													
<p>Family Concerns:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Fighting</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Disagreeing about friends/relatives</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Medical concerns</td> <td style="border: none;"><input type="checkbox"/> Education problems</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Death of a family member</td> <td style="border: none;"><input type="checkbox"/> Alcohol/Drug use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trauma</td> <td style="border: none;"><input type="checkbox"/> Feeling unsafe</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abuse</td> <td style="border: none;"><input type="checkbox"/> Divorce/Separation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Financial problems</td> <td style="border: none;"><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Fighting	<input type="checkbox"/> Disagreeing about friends/relatives	<input type="checkbox"/> Medical concerns	<input type="checkbox"/> Education problems	<input type="checkbox"/> Death of a family member	<input type="checkbox"/> Alcohol/Drug use	<input type="checkbox"/> Trauma	<input type="checkbox"/> Feeling unsafe	<input type="checkbox"/> Abuse	<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Financial problems	<input type="checkbox"/> Other:
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For Mental and Emotional Health Support- Select an answer that best applies to you

I am concerned about a behaviour, feeling or something I am doing	Choose an item.
My attempts at trying to stop or reduce this behaviour has not been successful	Choose an item.
I am finding it more difficult to cope with things than usual	Choose an item.
I am having trouble concentrating at work or school	Choose an item.
I like to think things through or talk about things that bother me	Choose an item.
I have read books, use the Internet or had therapy to discover more about my feelings and behaviours and it has helped me	Choose an item.
Currently suicidal? <input type="checkbox"/> YES <input type="checkbox"/> NO	Details:
Any previous suicide attempts? <input type="checkbox"/> YES <input type="checkbox"/> NO	



IF YOU ARE APPLYING FOR A YOUTH BELONG BURSARY COMPLETE THE BELOW SECTION:

Landlord Information Form:		
Unit/Apartment Number:	Street Name & Number:	
City:	Province:	Postal Code (no spaces):
Landlord Name:	Landlord Phone #:	
Superintendent/ Site Contact Name:	Superintendent/ Site Contact Number:	
Type of Housing: Private Market If other, specify:	Monthly Rental Amount (for client): \$	If shared, total unit rent: \$
Housing Arrangement:	Unit size:	Tenancy Start Date:
Describe relationship to landlord:		
Please provide your mailing address:		
Unit/Apartment Number:	Street Name & Number:	
City:	Province:	Postal Code (no spaces):
Landlord Contact Information:	Landlord Phone #:	
Superintendent/Site Contact Name:	Superintendent/Site Contact Number:	
Please indicate how you would like to receive your cheque:	<input type="checkbox"/> Pick up cheque monthly <input type="checkbox"/> Mail out cheque monthly	

RELEASE OF INFORMATION

<p>I, _____ (print name of applicant), D.O.B., _____ (DD/MM/YY), hereby permit any exchange of information deemed appropriate between Eva's Initiatives programming and the referring worker/agency to facilitate my application. I understand that the information exchanged will be handled in a discreet and confidential manner.</p> <p>Applicant Signature _____ Date: ___ Day/___ Month/___ Year</p> <p>Referring Worker Signature (if Applicable): _____ Date: _____ Day/___ Month/___ Year</p>
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REFERRAL, IF APPLICABLE



This section is to be completed by the referring work.

REFERRING WORKER CONTACT INFORMATION

Date:			
Referring Worker:	Position/Title:	Email Address:	
Organization/Agency:		Contact #	
Relationship to and length of time working with applicant:			Fax #

BACKGROUND INFORMATION (TO BE FILLED BY REFERRING WORKER)

What are the applicant's strengths? Please be specific, and provide examples:
What does success look like for this applicant? Please be specific, and provide examples:
Why do you believe they would find success in this program?
What life skills has the applicant acquired, and what life skills would need to be developed throughout the program?
How would you describe this applicant's communication pattern?
What are the reasons for referring this applicant to the program(s) selected above?
What support do you feel this applicant needs the most?
Are you willing and able to continue supporting this applicant? How involved could you be, and for how long? Please be specific (e.g. Case notes, case conference, check ins, specific or general programming/counselling, etc.)
Please list other community supports that are currently working with this applicant. Are there other community supports you would recommend? Please address any barriers to their



success such as legal involvement, mental and physical health concerns, and substance use:
Is the young person experiencing mental health concerns or has in the past? Does the young person have a diagnosis? Please list any community supports they are working with.
Does the young person have a history of substance use? Are they currently using? What does their use look like? Please list any community supports they are working with.
Is there any other information you would like to share about the applicant?

DECLARATION

I, _____ of _____ (Worker Name) (Agency Name) hereby declare that, to the best of my knowledge and belief, the information provided above is true and complete. Signature of Worker: _____ Date: _____
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For Internal Use Only: Referral Reviewed by: _____ Date: _____
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