

PLEASE PRINT CLEARLY

Referred By: _____

Full Name: _____

Sex: Male _____ Female _____

Birthday: _____ / _____ / _____ (mm/dd/yyyy)

Current Address: _____

City: _____ Prov: _____

Contact Numbers: _____

Marital Status

Single ___ Married ___ Divorced ___ Separated ___ Common Law ___

Any children in your care? Yes _____ No _____

If yes, list names and ages: _____

Identification

Birth Certificate Number: _____ Prov: _____

Social Insurance Number: _____

Health Care Number: _____ Prov: _____

Driver's License Number: _____ Prov: _____

Other: _____

Past Treatment

Have you ever applied for Streets Alive / Parkside Home housing before?

Yes _____ No _____ If yes, when? _____

List other treatment centres or crisis housing you have used in the last 5 years

Police Record

Are you currently incarcerated? Yes _____ No _____

If yes, where and on what charge(s)?

Do you have any outstanding warrants? Yes _____ No _____

Are you on Parole? Yes _____ No _____

Are you on probation? Yes _____ No _____

PO's name and contact number: _____

Will you authorize us to do a criminal record search? Yes _____ No _____

Financial Information

Do you have any form of financial support? Yes _____ No _____

Welfare ___ AISH ___ EIC ___ Disability ___ Other ___

Do you have a bank account? Yes _____ No _____

Employment Background

Current Employer: _____

Skills ? Training: _____

Employment record for past 12 months:

Education Background

Can you read & write? Yes _____ No _____

Highest grade completed? _____

College/University? _____

Substance Abuse

Have you had (past or present) additions to any of the following? (Check all that apply)

Alcohol ___ Cocaine ___ Crack ___ Pot/Hash ___

Tobacco ___ Pres Drugs ___ Other _____

Have you ever used needles? Yes _____ No _____

Health Information

Have you had a medical checkup in the last month? Yes _____ No _____

Are you currently under a doctor's care? Yes _____ No _____

If yes, for what? _____

Doctor's name and contact number: _____

Have you ever been diagnosed with a mental illness? Yes _____ No _____

If yes, which? _____

Are you currently on any medication? Yes _____ No _____

If yes, which? _____

Do you have any allergies? Yes _____ No _____

If yes, which? _____

Any other medical concerns or problems that Streets Alive / Parkside Home should be made aware of? (i.e. Hep A, B or C; HIV/Aids; Tuberculosis; Diabetes etc.)

Personal Background

What brought you to your present situation?

What are you expecting from Parkside Home?

Any additional comments you would like us to consider?

House Rules

1. Use or possession of drugs, alcohol or other intoxicants and illegal substances on property is prohibited.
2. Anyone who uses a weapon of any form will be immediately disqualified from the program and charged.
3. Use of physical force will not be tolerated.
4. Letting another resident into the facility after curfew without the permission of the RHC is prohibited.
5. All visitors especially females are restricted to common and office areas unless accompanied by RHC.
6. You are expected to have consideration for the privacy, possessions and well being of your fellow housemates.
7. If you are found under the influence of drugs, alcohol or other intoxicants and illegal substances you may be refuse entry to the facility until the next day.
8. Pornographic material of any kind is not allowed. Any materials found whether owned or rented will be immediately confiscated and destroyed.
9. Room doors are not to be closed when you are not alone in your room.
10. **Curfew is 8:00pm** unless otherwise stated in your **Personal Growth Plan (PGP)**.
11. No unruly or inappropriate behavior in and around the community.
12. From time to time you will be assigned and expected to complete a daily chore with in the house.
13. You are expected to keep your room, bedding, clothing, and person clean and tidy.
14. You must be willing to commit to your **Personal Growth Plan (PGP)** for a minimum of 6 months and show evidence of growth in order to remain in the program. On going evaluations of your PGP will be done with you by the RHCs.
15. Parkside Home is a smoke free facility. **No smoking** inside the facility is allowed.
16. Random unannounced room checks can and will be done by the RHC.
17. **Monthly Program Fee** is due prior to the 1st of each month and is **non-refundable**. No damage deposit is charged, however any damage to the facility or equipment is to be paid by the resident responsible.
18. Kitchen is closed to major meal cooking after 10:00pm without prior permission of RHC
19. Laundry and showers are not to be used after 11:00pm without prior permission of RHC
20. The hallways, lounges, kitchen, front and rear exits and exterior of the facility are monitored by digital cameras that can be viewed from off sight. RHC's may request clarification of questionable or suspicious activity.
21. No pets allowed.
22. You are expected during the day to seek employment, enter programming or take necessary steps to achieve your PGP.
23. If you require anything, Ask first – don't just take.
24. The on duty RHC is in charge. All disputes are to be brought to his attention.
25. **You are expected to be working or actively looking for work!**

Termination of a resident's program

Termination of a resident's program may result **if resident violates any of the rules and expectations**. If this happens the resident will be asked to find other living accommodations. RHC may ask the resident to leave immediately if the situation is serious. The resident can appeal to the Executive Director of Streets Alive during office hours.

I DECLARE TO THE BEST OF MY KNOWLEDGE ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND I AGREE TO ABIDE BY ALL RULES AND EXPECTATIONS.

Signature: _____