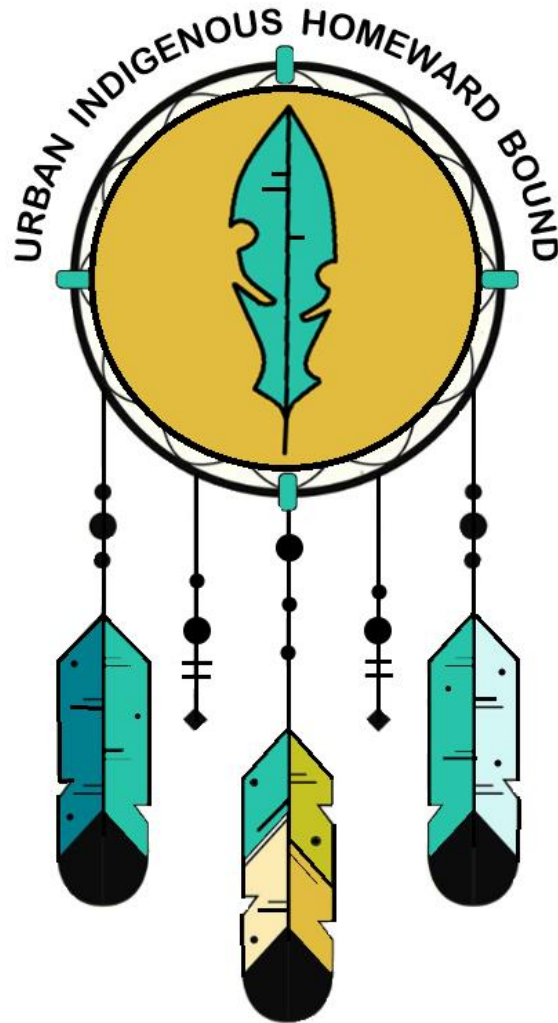


Niagara Regional Native Centre's
Urban Indigenous Homeward Bound
Intake Application



Contact Information for Urban Indigenous Homeward Bound:

Program Coordinator @

P:289-362-3819

E: homewardcm@nrnc.ca

2 Clark Street, St. Catharines ON, L2R 5G2

Applicants Personal Information

Marital Status: <input type="radio"/> Single <input type="radio"/> Common Law <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Other	Identity <input type="radio"/> First Nation <input type="radio"/> Metis <input type="radio"/> Inuit <input type="radio"/> Self-Identify <input type="radio"/> Unknown <input type="radio"/> Undisclosed	Status <input type="radio"/> Band Name _____ <input type="radio"/> Band Number: _____ <input type="radio"/> Registry Number: _____
Current Source of Income: (Check All that Apply) <input type="radio"/> Social Assistance <input type="radio"/> Trillium <input type="radio"/> GST <input type="radio"/> Child Tax <input type="radio"/> Child Support	If Other, please explain: _____ _____ Are you currently in Arrears resulting in any Deductions, If Yes, Please Explain: _____ _____	

First Name: _____

Last Name: _____

Date of Birth (DD/MM/YY): _____

Current Street Address:	Province:
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Unit:	Postal Code:
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Housing Type: <input type="radio"/> Market Rate Rental <input type="radio"/> A Homeless Shelter or Transitional Home <input type="radio"/> Subsidized Rental <input type="radio"/> Friends/Family	If Other, Please Explain _____ _____
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How long at current address?	Are you in immediate risk of losing this home? YES / NO
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Contact Phone 1: _____ Contact Phone 2: _____	Messages Allowed <input type="radio"/> Yes <input type="radio"/> No
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Email Address:	Facebook URL: /
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Urban Indigenous Homeward Bound

CONFIDENTIAL APPLICATION

Education/Work History

What is the Highest Level of Education You Completed? <ul style="list-style-type: none"> <input type="radio"/> Elementary <input type="radio"/> High School <input type="radio"/> College Diploma <input type="radio"/> University Degree <input type="radio"/> Trade 	How long have you been out of School? <ul style="list-style-type: none"> <input type="radio"/> Less than a year <input type="radio"/> 1-3 years <input type="radio"/> 4-5 years <input type="radio"/> More than 7 years Highest Grade Level: _____
Skills/Certificate Training that you have completed (ie. Driver's License, Sewing, First Aid, etc) _____	
Are you currently employed? YES / NO If yes please answer the following questions: <ul style="list-style-type: none"> <input type="radio"/> Employer _____ <input type="radio"/> Position _____ ____ Hours Per Week ____ Wage Per Hour 	Past Work Experience: _____ _____ _____ _____ _____

Applicant Health Background

Health Care Provider Name:	
Telephone Number:	
Health Care Provider Address:	

Are you currently on any medication? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	If yes, please list: _____ _____
Do you have any Allergies? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Carry Epi-Pen 	If yes, please list: _____ _____
Do you have any physical Disabilities/Limitations? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	If yes, please explain: _____ _____



Urban Indigenous Homeward Bound

CONFIDENTIAL APPLICATION

Do you have a Mental Health Diagnosis? <input type="radio"/> Yes <input type="radio"/> No	If yes, please list: <hr/> <hr/>
Do you have any present or past Substance Abuse Issues? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Methadone/Suboxone	If yes, please explain: <hr/> <hr/>
Have you ever been diagnosed with a Learning Disability? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain: <hr/> <hr/>

Emergency Contact Information

First and Last Name:		Relationship: <hr/>
Contact Information:		

Children/Dependents

Number of Children:	
Are your Children: <input type="radio"/> In your custody? <input type="radio"/> In Care (ie Foster) <input type="radio"/> In Kinship <input type="radio"/> Access Visits	Do any of your children have any Disabilities or Behavioral Issues? If yes, please explain: <hr/> <hr/>

Name:	Age:	DOB (MM/DD/YY)	Sex	Grade



Urban Indigenous Homeward Bound

CONFIDENTIAL APPLICATION

Family and Criminal Proceedings

Do you currently have any ongoing criminal proceedings? <input type="radio"/> Yes <input type="radio"/> No	If yes, please list: _____ _____
Are you currently on Probation or Parole? <input type="radio"/> Yes <input type="radio"/> No	If yes, please list: _____ _____
Do you currently have any of the following? <input type="radio"/> Restraining Order <input type="radio"/> Peace Bond <input type="radio"/> Custody Order <input type="radio"/> FACS/CAS Conditions <input type="radio"/> Other	If yes to any, please explain: _____ _____
	Safety Concerns, please explain: _____ _____
Community and Program Involvement: _____ _____	
Additional Comments or Concerns: _____ _____	

Office use only:

Code:	Worker:
Type of File: ACTIVE / ONE-TIME SERVICE	

Incoming Referral:

Referral Source	Referral Type: INTERNAL / EXTERNAL
	Assessments Attached to File: YES / NO
	Contact Name and Title:
	Agency/ Program:
	Telephone Number:
	Referral Source:
Action Taken	Type of Support Requested: