



# The LOFT

## Application for Residency

Send completed application to the LOFT at: *Email* - [khendra@johnhoward.org](mailto:khendra@johnhoward.org) or *Fax* - (780)486-7549

For further information contact The LOFT by phone at: (780)486-7590

**\*PLEASE PRINT CLEARLY USING BLUE/BLACK INK\***

<b>Applicant Information</b>		Date of Application: ____/____/____ (YY/MM/DD)																	
Name of Applicant:		Applicant Phone #/Contact Information:																	
Current Address:		City:																	
Email:		Date of Birth: ____/____/____ (YY/MM/DD)																	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal/Métis <input type="checkbox"/> Ethno-cultural																			
Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____																			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other																	
<b>Referral Source Information</b>																			
Organization:		Name of Person Referring:																	
Phone #:		Email:																	
<p><b>The LOFT requires residents to participate in a full-time routine (e.g. school with funding, employment, paid day program) that will achieve an income in order to reach independence.</b></p> <p><b>Select from the list below the area(s) that you would like to focus on during your time at The LOFT:</b></p> <table border="1"> <thead> <tr> <th><i>School</i></th> <th><i>Employment</i></th> <th><i>Day Program</i></th> <th><i>Other</i></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Part – Time</td> <td><input type="checkbox"/> Part – Time</td> <td><input type="checkbox"/> Part – Time</td> <td><input type="checkbox"/> AISH</td> </tr> <tr> <td><input type="checkbox"/> Full-Time</td> <td><input type="checkbox"/> Full-Time</td> <td><input type="checkbox"/> Full-Time</td> <td><input type="checkbox"/> Medical Benefits</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </tbody> </table>				<i>School</i>	<i>Employment</i>	<i>Day Program</i>	<i>Other</i>	<input type="checkbox"/> Part – Time	<input type="checkbox"/> Part – Time	<input type="checkbox"/> Part – Time	<input type="checkbox"/> AISH	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Medical Benefits				<input type="checkbox"/> Other
<i>School</i>	<i>Employment</i>	<i>Day Program</i>	<i>Other</i>																
<input type="checkbox"/> Part – Time	<input type="checkbox"/> Part – Time	<input type="checkbox"/> Part – Time	<input type="checkbox"/> AISH																
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Medical Benefits																
			<input type="checkbox"/> Other																
<p><b>Describe the selected daily routine(s) from above and how it will earn you an income in order to transition from The LOFT:</b></p>																			
<p><b>Residents are required to wake up on time and participate in their daily routine. How ready are you to achieve this goal and what support might you need:</b></p>																			
<p><b>Budgeting your income is a core component of The LOFT, as it creates a viable path for independence.</b></p> <p><input type="checkbox"/> I have a bank account <input type="checkbox"/> I have online banking <input type="checkbox"/> I will get a bank account with LOFT staff ASAP</p> <p><b>Are you willing to budget your income through online banking after every pay period with staff</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																			

## The LOFT

### *Application for Residency*

<b>Additional Applicant Information</b>	
<b>Child and Family Services Involvement:</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> No Prior <input type="checkbox"/> Unknown	
<b>Identification: Please select which forms of Identification you currently have:</b> Social Insurance Number: <input type="checkbox"/> Yes <input type="checkbox"/> No            Treaty Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Government Issued Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No            Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	
<b>Current Housing Status:</b> <input type="checkbox"/> Correctional facility <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Familial Housing <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless <input type="checkbox"/> Hostel/Shelter <input type="checkbox"/> Housing First Program <input type="checkbox"/> Halfway House <input type="checkbox"/> Independent Housing <input type="checkbox"/> Interim Housing <input type="checkbox"/> Interim Housing	
<b>Current Financial Status:</b> <input type="checkbox"/> No Income <input type="checkbox"/> Employment Income <input type="checkbox"/> Student Finance <input type="checkbox"/> AISH <input type="checkbox"/> Social Assistance (Income Support, Medical Benefits) <input type="checkbox"/> Employment Insurance (EI) <input type="checkbox"/> Advancing Futures Bursary <input type="checkbox"/> Other: _____	
<b>Educational History:</b> <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> Grade 9 – 11 <input type="checkbox"/> Graduated High School <input type="checkbox"/> Some College <input type="checkbox"/> Some University <input type="checkbox"/> Graduated College/University	
<b>Current Education Status:</b> <input type="checkbox"/> Currently in School <input type="checkbox"/> Not Attending School <input type="checkbox"/> Applied for school	
<b>Employment Status:</b> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed	<b>Employment History:</b> <input type="checkbox"/> Previous Full- Time <input type="checkbox"/> Previous Part-Time <input type="checkbox"/> No Employment History
<b>History of Drug/Alcohol Use:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<b>Currently Drug/Alcohol Involvement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
<b>*The LOFT is a sober living program (no drugs or alcohol onsite). The LOFT is not equipped to deal with hard drug use (e.g. meth, cocaine, opioids) of any kind by residents (on or offsite).</b>	

## The LOFT

### Application for Residency

<b>Mental Health Concerns:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<b>History of Suicide Ideation/Attempts:</b> <input type="checkbox"/> None <input type="checkbox"/> Previous Ideation <input type="checkbox"/> Current Ideation <input type="checkbox"/> Previous Attempts Most Recent Attempt: _____	If previous or current attempts or ideation, describe:
<b>Physical Health Issues/Concerns:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<b>Family Violence: Concerns/Issues/History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<b>Gang/Crew Affiliations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<b>Criminal Record:</b> Current: <input type="checkbox"/> Yes <input type="checkbox"/> No                                      Previous: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____                                      If yes, describe: _____	
<b>Use of Emergency Services:</b> <b>In the past year have you used or interacted with the following emergency services? Is so, how many times?</b> <b>Emergency Room</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, how many times: _____ <b>Ambulance/EMT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, how many times: _____ <b>Hospitalizations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, how many times: _____ <b>Police Interactions</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, how many times: _____	