Send completed application to the LOFT at: *Email -* 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 OR COMPLETE ONLINE AND E-MAIL\**

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| --- | --- |
| **Applicant Information** | Date of Application:  |
| Name of Applicant: Click here to enter text  | Applicant Phone #/Contact Information: Click here to enter text |
| Current Address: Click here to enter text | City: Click here to enter text  |
| Email: Click here to enter text  | Date of Birth: Click here to enter a date |
| Ethnicity: [ ]  Caucasian [ ]  Aboriginal/Métis [ ]  Ethno-cultural |
| Language: [ ]  English [ ]  French [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: [ ]  Male [ ]  Female [ ]  Not Specified | Marital Status: [ ]  Single [ ]  Married [ ]  Other  |
| **Referral Source Information** |
| Organization: Click here to enter text  | Name of Person Referring:Click here to enter text  |
| Phone #: Click here to enter text  | Email: Click here to enter text  |
| **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.** **Select from the list below the area(s) that you would like to focus on during your time at The LOFT:**  |
| ***School***[ ]  Part – Time[ ]  Full-Time | ***Employment***[ ]  Part – Time [ ]  Full-Time | ***Day Program*** [ ]  Part – Time[ ]  Full-Time | ***Other***[ ]  AISH[ ]  Medical Benefits[ ]  Other |
| **Describe the selected daily routine(s) from above and how it will earn you an income in order to transition from The LOFT:**Click here to enter text |
| **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:**Click here to enter text |
| **Budgeting your income is a core component of The LOFT, as it creates a viable path for independence.** [ ]  I have a bank account [ ]  I have online banking [ ]  I will get a bank account with LOFT staff ASAP**Are you willing to budget your income through online banking after every pay period with staff**[ ]  Yes [ ] No |
| **Additional Applicant Information** |
| **Child and Family Services Involvement:**[ ]  Current [ ]  Previous [ ]  No Prior [ ]  Unknown |
| **Identification: Please select which forms of Identification you currently have:**Social Insurance Number: [ ]  Yes [ ]  No Treaty Card: [ ]  Yes [ ]  No [ ]  N/AGovernment Issued Photo ID: [ ]  Yes [ ]  No Birth Certificate: [ ]  Yes [ ]  No Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Current Housing Status:**[ ]  Correctional facility [ ]  Couch Surfing [ ]  Familial Housing [ ]  Group Home [ ]  Homeless [ ]  Hostel/Shelter [ ]  Housing First Program [ ]  Halfway House[ ]  Independent Housing [ ]  Interim Housing [ ]  Interim Housing  |
| **Current Financial Status:** [ ]  No Income [ ]  Employment Income [ ]  Student Finance [ ]  AISH [ ]  Social Assistance (Income Support, Medical Benefits) [ ]  Employment Insurance (EI)[ ]  Advancing Futures Bursary [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Educational History:**[ ]  Grade 8 or less [ ]  Grade 9 – 11 [ ]  Graduated High School [ ]  Some College[ ]  Some University [ ]  Graduated College/University  |
| **Current Education Status:** [ ]  Currently in School [ ]  Not Attending School [ ]  Applied for school |
| **Employment Status:** [ ]  Employed Full Time [ ]  Employed Part-Time [ ]  Unemployed | **Employment History:** [ ]  Previous Full- Time [ ]  Previous Part-Time [ ]  No Employment History |
| **History of Drug/Alcohol Use:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text. | **Currently Drug/Alcohol Involvement:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text. |
| **\*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).**  |
| **Mental Health Concerns:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text. |
| **History of Suicide Ideation/Attempts:**[ ]  None [ ]  Previous Ideation [ ]  Current Ideation [ ]  Previous Attempts Most Recent Attempt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | If previous or current attempts or ideation, describe:Click here to enter text. |
| **Physical Health Issues/Concerns:** [ ]  Yes [ ]  NoIf yes, describe:Click here to enter text.  |
| **Family Violence: Concerns/Issues/History:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text.  |
| **Gang/Crew Affiliations:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text.  |
| **Criminal Record:** Current: [ ]  Yes [ ]  No Previous: [ ]  Yes [ ]  No |
| If yes, describe: Click here to enter text.  |  If yes, describe: Click here to enter text. |
| **Use of Emergency Services: In the past year have you used or interacted with the following emergency services? If so, how many times?****Emergency Room** [ ]  Yes [ ]  No If Yes, how many times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ambulance/EMT** [ ]  Yes [ ]  No If Yes, how many times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Hospitalizations** [ ]  Yes [ ]  No If Yes, how many times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Police Interactions** [ ]  Yes [ ]  No If Yes, how many times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |