Send completed application to the LOFT at: *Email –* loft@johnhoward.org or *Fax -* (780)486-7549

**If you are completing this application by yourself, have further questions, and/or are having any difficulties, please call The LOFT at (780)486-7590 and a staff member will be happy to help.**

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

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| --- | --- |
| **Applicant Information** | Date of Application:  |
| Preferred Name: Click here to enter text Legal Name: 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 ☐ Indigenous/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 |
| **Are you currently involved in any of the above activities?** [ ]  Yes [ ]  NoIf yes, please describe:Click here to enter text**Are you happy with these activities:** [ ]  Yes [ ]  NoIf no, please describe what you would like to change: Click here to enter text.**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**What life skills do you need assistance with: (e.g. cooking, cleaning, hygiene, laundry)** Click here to enter text |
| **Budgeting your income is a core component of The LOFT, as it creates a path for independence.** [ ]  I have a bank account [ ]  I have online banking [ ]  I will get a bank account with LOFT staff ASAP**Do you have difficulty budgeting your money:** [ ]  Yes [ ] No**Do you feel like you have more bills than money at the end of the month?** [ ]  Yes [ ] No**Do you have current debts:** [ ]  Yes [ ] NoIf yes, please describe: Click here to enter text**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 Over the past 10 years how much time have you spent without stable housing? (e.g. staying at a shelter, couch surfing etc.) Click here to enter text If you have stayed at a shelter in the past year, how many times? Click here to enter text |
| **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.If yes, how often do you use?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: Click here to enter text.Most Recent Ideation: Click here to enter text. | If previous or current attempts or ideation, describe: |
| **History of Harm to Others:**Have you harmed or threatened to harm others in the past 6 months? [ ]  Yes [ ]  NoIf yes, describe:Click here to enter text. |
| **Physical Health Issues/Concerns:** [ ]  Yes [ ]  NoIf yes, describe:Click here to enter text. If yes, are you connected to a health professional to address these concerns: [ ]  Yes [ ]  No  |
| **Medication:** Are you currently prescribed any medication for any Physical/Mental Health Concerns? [ ]  Yes [ ]  NoIf yes, are you currently taking your prescribed medication? [ ]  Yes [ ]  NoDo you ever sell your medication to someone else? [ ]  Yes [ ]  No |
| **Family Violence: Concerns/Issues/History:** [ ]  Yes [ ]  NoIf yes, describe: Click here to enter text. Do you feel any of your current relationships, with friends, family partners, are unhealthy? [ ]  Yes [ ]  No |
| **Experience with Trauma: Concerns/Issues/History** [ ]  Yes [ ]  NoIf yes, are you or have you connected with therapeutic assistance?[ ]  Yes [ ]  NoIf previous connection, did the assistance help you resolve feelings?[ ]  Yes [ ]  No |
| **High Risk Situations:** Have you been in any situations that could be considered high risk or exploitive over the last 6 months? (ex dealing drugs, sex work, sleeping outdoors) [ ]  Yes [ ]  No |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |