Send completed application to the LOFT at: *Email –* [loft@johnhoward.org](mailto: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  No  If yes, please describe:Click here to enter text  **Are you happy with these activities:**  Yes  No  If 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 No  If 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/A  Government 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  No  If yes, describe: Click here to enter text. | | | **Currently Drug/Alcohol Involvement:**  Yes  No  If 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  No  If 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  No  If yes, describe:Click here to enter text. | | | | |
| **Physical Health Issues/Concerns:**  Yes  No  If 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  No  If yes, are you currently taking your prescribed medication?  Yes  No  Do you ever sell your medication to someone else?  Yes  No | | | | |
| **Family Violence: Concerns/Issues/History:**  Yes  No  If 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  No  If yes, are you or have you connected with therapeutic assistance? Yes  No  If 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  No  If 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |