

EVA'S PHOENIX REFERRAL FORM

11 Ordnanace Street, Toronto, ON M6K 1A1



If you have been a resident of Eva's Phoenix in the past please do not fill out this form.
Call us to request a "Re-application Form"

Please bring to your interview: SIN Card, Verification of Birth, Work Permit, Resume

Referring Worker:	Agency:
Telephone and Ext. #:	E-mail:
How long have you been working with this individual?	Fax:

Personal Information

Applicant's Name: _____ Gender: F M TS TG
Last First Preferred Name

Address: _____

Main Phone/Voice Mail/Pager/Cell: _____ Alternate contact #: _____

Date of Birth: _____ day/_____ month/_____ year Age: _____ S.I.N. # _____

Status: Canadian Citizen Native Status Landed Immigrant Sponsored Immigrant
 Convention Refugee Refugee Claimant

Language: First Language? _____ Is an interpreter required? _____

Have you ever applied to Eva's Phoenix in the past?

Yes **If yes,** please state date of last application: _____ month/_____ year

What is your main reason for seeking Phoenix services?

Employment Programs Employment **and** Housing Programs Housing Program

Education and Employment History

Last grade completed? _____ Currently in School: PT / FT / Night School / College / University

Other education experiences: _____

Do you have a: learning disability developmental delay ADD/ ADHD

Have you had a: Educational and/or Vocational assessment? Date(s): _____

Are you currently working? Yes No **If yes,** Part time (under 24 hrs) or Full time (over 24 hrs)

Please state position and place of work: _____

Are you currently working with other supports around employment?

Yes No **If yes,** please specify: _____

Employment Goals

Our Employment Programs are structured to meet your individual employment goals and needs.

What are your short-term employment goals/interests?

1. _____ 2. _____ 3. _____

What are your longer-term employment goals/interests?

1. _____ 2. _____ 3. _____

Please check if you are interested in the Print Shop **Yes** **No**

Please note that spaces in some programs may be limited due to demand. We will make every effort to find a program that meets the employment interests and goals of eligible applicants

Criminal History

Are you on probation? Yes No **If yes, until when?** _____

If yes, please list charges and conditions of probation:

Do you have any outstanding charges, bench warrants? Yes No Outstanding court dates? Yes No

If yes, please give details and dates: _____

Do you have a lawyer? Yes No

Housing/Shelter History (This section to be completed by those applying to our employment and housing programs)

Have you ever used the shelter/hostel system? Yes No

If yes, where and when was your most recent stay? _____

What is your current housing arrangement? _____

Please tell us why you think you are prepared for a shared living environment where you are expected to work through conflicts with housemates, participate in house and shelter chores, and be involved in the shelter community? _____

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Health:

Do you have a history of:

Physical health concerns? Yes No Current/ Past meds and/ or supports? _____

Mental health concerns? Yes No Current/Past meds and/ or supports? _____

Drug/Alcohol misuse? Yes No Current/ Past meds and/ or supports? _____

Do you want support exploring the possibility that you may have health concerns? Please check all that apply:

Physical Mental Emotional Substance use Other

Income:

Are you currently receiving ODSP? Yes No Income support Employment Support Both

Please include Worker's name and contact info: _____

Are you receiving Ontario Works? Yes No

Please include Worker's name and contact info: _____

Are you working with the Children's Aid Society? Yes No

Please include Worker's name and contact info: _____

Is there any additional information that would assist us in meeting your needs?

Please include information about diagnosed or suspected learning disabilities, attention disorders, mental health concerns, or needed skills development in areas of conflict/ problem solving

Release of Information

I, _____, (print name of applicant), D.O.B., ____ ____ ____ (d/m/y), hereby permit any exchange of information deemed appropriate between the three shelters of Eva's Initiatives and the referring worker/agency to facilitate my application to Eva's Phoenix. I understand that the information exchanged will be handled in a discreet and confidential manner.

Applicant Signature: _____ **Date:** ____ day/ ____ month/ ____ year

Referring Worker Signature: _____ **Date:** ____ day/ ____ month/ ____ year

For Internal Use Only: Referral Reviewed By: _____ Date: _____