

EVA'S PHOENIX APPLICATION FORM

11 Ordnance Street, Toronto, ON M6K 1A1
Telephone: (416) 364-4716 Fax: (416) 364-7533



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/Work Permit, Verification of Birth, and Government Issued Photo ID

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

If you are a refugee or sponsored immigrant, do you have a valid work permit? Yes No

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

Do you have a diagnosis for any learning needs? If so, please list the diagnosis

Do you require any accommodation and/or assistive devices? Yes No. If yes, please explain.

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** Independent Living Programs Independent Living Program

Education and Employment History

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

Other education experiences: _____

Do you plan on returning to school? Yes No. If yes: GED / FT / Night School / College / University

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 the position and place of work: _____

Are you currently participating in an employment/training program? Yes No **If yes,** Part time (under 24 hrs) or Full time (over 24 hrs)

Please provide the name of the program: _____

Are you currently working with other supports around employment?

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

What are your employment goals? (must be achievable within a 12 month period)

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? _____

How long have you lived in Toronto? _____

Where you living before? _____

Health:

Do you have a history of:

Physical health concerns? Yes No

Please Explain:

Current/Past meds and/ or supports? _____

Are you pregnant? Yes No If yes, how far along are you?

Mental health concerns? Yes No

Please Explain:

Current/Past meds and/ or supports? _____

Substance concerns? Yes No

Please Explain:

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: _____

Employment and Independent Living Skills:

This information will assist the Eva's Phoenix team in determining how we may be able to support you in developing achievable goals in the different areas listed if you are accepted into the Eva's Transitional Housing Program. On a scale of 1 to 3 (1 being not comfortable, 2 somewhat comfortable, 3 very comfortable), please describe how comfortable you are in completing the following tasks.

Job and Employment skills	1	2	3	4
When I complete a job application				
When I use Microsoft Word				
I know how to dress for an interview				
I know how to write a resume				
I know where to go to look for jobs				
I understand the appropriate way to speak during an interview				
I am able to handle my anger when angry at a supervisor or co-worker				
I know my legal rights as an employee				
I know how to write a cover letter				
I know where to look for career/job information				
I know how to answer interview questions				

I know how to present my skills and attributes to an employer in a positive manner				
I like working in groups				
I like working independently				
I learn by doing				
I learn by reading				
I learn by listening				

Food and Cooking	1	2	3	4
I can use the kitchen appliances (stove, microwave) effectively and safely				
I am able to cook myself a nutritional meal				
I can make meals using a recipe				
I think about what I eat and how it impacts my health				
I wash my dishes after most meals				
I understand unit pricing and know how to comparison shop				
Money Management				
I know how to open a bank account				
I know the typical fee charged for using a bank machine				
I have completed an income tax form				
I am a good money manager				
I know how to make a budget				
I pay my bills on time within the last 30 days				
When I get money I always put some in savings				
Personal Appearance and Hygiene				
I brush my teeth 2 times a day				
I understand how to properly load a washing machine and dryer				
I shower at least once daily				
I know how to wash clothing by reading the instructions on the tag				

Cleaning and Housekeeping	1	2	3	4
I wash my bed sheets regularly				
I know what cleaning products to use for specific cleaning jobs				
I am able to keep my house clean without help				
I know what repairs a landlord should perform				
Know how to get rid of and avoid roaches, ants, mice, etc.				
I know how to sweep and wash the floors				
Interpersonal and Relationship Skills				
I usually receive feedback without getting angry				
I trust others				
I am able to resolve conflict with others				
I can describe the relationship between actions and consequences				
I understand and respect other peoples boundaries				
I do not keep my feelings to myself				
I take accountability for my actions				
I am in regular contact with a person who i consider family				
I can tell if a relationship is dangerous or unhealthy				
I have a group of people in my life who support me				
Health				
Can determine when to go to an emergency room and when to make an appointment with the doctor or go to a clinic				
I treat simple injuries like cuts, bites, stings, and splinters				
I can resist pressure to have sex				
I know how to protect myself from sexually transmitted infections/ pregnancy				
I can read a prescription and follow the instructions				
I am able to take my medication independently				

It is also necessary to participate in our group programming. Please mark on the scale of 1(not eager) to 10 (very eager), how willing you are to participate in these sessions

Core Workshops (Mandatory)

- Orientation (introduction to Eva's programming)
- Interpersonal Skills
- Financial Literacy
- Housing Help
- First Impressions
- Cooking and Nutrition

**Workshop or program as identified as part of case plan

1-----5-----10

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: _____

EVA'S PHOENIX REFERRAL FORM

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

What are the reasons you are referring this young person to Eva's Phoenix? Please be specific:

What support do you feel this young person needs most from Eva's Phoenix?

Are you willing to continue to act as a support for this young person? How involved will you be? Please be specific (case conference, check in, etc.)

Please list other community supports that are working with this young person. Are there any other community supports you would recommend?

Is the young person experiencing mental health concerns? Or has in the past? Does the young person have a diagnosis? Are they working with any community supports?

Does the young person have a history of chaotic substance use? Are they currently using? What does their use look like? Are they accessing community support for their use?

Based on your observations, please identify on a scale of 1-3 how comfortable you believe the young person is in the different areas listed below. Please leave blank if not observed.

Job and Employment skills	1	2	3
Have completed a job application			
Have been employed			
Know how to dress for an interview			
Know how to write a resume			
Know where to go to look for jobs			
Understand the appropriate way to speak during an interview			
Able to handle my anger when angry at a supervisor or co-worker			
Knows legal rights as an employee			
Food and Cooking			
Can use the kitchen appliances (stove, microwave) effectively and safely			
Able to cook myself a nutritional meal			
Can make meals using a recipe			
Thinks about what they eat and how it impacts their health			
Wash my dishes after most meals			
Understand unit pricing and know how to comparison shop			
Money Management			
Know how to open a bank account			
Know the typical fee charged for using a bank machine			
Have completed an income tax form			
Am a good money manager			
Know how to make a budget			
Paid bills on time within the last 30 days			
When I get money I always put some in savings			
Personal Appearance and Hygiene			
Brush my teeth 2x a day			
Understand how to properly load a washing machine and dryer			
Shower at least once daily			
Know how to wash clothing by reading the instructions on the tag			

Health	1	2	3
Can determine when to go to an emergency room and when to make an appointment with the doctor or go to a clinic			
Can treat simple injuries like cuts, bites, stings, and splinters			
Can resist pressure to have sex			
Knows how to protect myself from sexually transmitted diseases/ pregnancy			
Can read a prescription and follow the instructions			
Is able to take medication independently			
Am able to attend medical appointments alone			
Cleaning and Housekeeping			
Wash bed sheets regularly			
Know what cleaning products to use for specific cleaning jobs			
Able to keep my house clean without help			
Know what repairs a landlord should perform			
Know how to get rid of and avoid roaches, ants, mice, etc.			
Know how to sweep and wash the floors			
Interpersonal and Relationship Skills			
Usually receive feedback without getting angry			
Trust others			
Able to resolve conflict with others			
Can describe the relationship between actions and consequences			
Understand and respect other peoples boundaries			
Don't keep my feelings to myself			
Take accountability for my actions			
In regular contact with a person who i consider family			
Can tell if a relationship is dangerous or unhealthy			
Have a group of people in my life who support me			

Is there any other information that you would like to share about this young person?

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