

## THE STATION

### Supported Independent Living Program

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender pronoun(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Text and call  Text only

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Who are your support people (for example friends, family, other supports such as social worker, school counsellor, substance use counsellor)?

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Are you attending school?  No  Yes → If yes, which school? \_\_\_\_\_

Part-time  Full-time

*Do you have a...*

Birth Certificate?	Care Card?	Social Insurance #?	Driver's License?
<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO
<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES

## Current Housing

Where are you living now? \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

If you are homeless or couch surfing, how long has it been? \_\_\_\_\_

Why do you wish to move? \_\_\_\_\_

Have you ever lived alone or with roommates?  No  Yes

Are you under notice to end tenancy?  No  YES\*

\*If YES, **you must** attach a copy of the **Notice to End a Residential Tenancy** from your landlord.

## Income

Where will your money come from for...

1. Rent?

2. Daily expenses?

MCFD (YAG)	MCFD (AYA)	WORK	OTHER (Please describe)
		N/A	

Are you working:  Part-time  Full-time

## Personal Wellbeing and Safety

Do you have a family doctor?  No  Yes

Do you have a dentist?  No  Yes

	NO	YES	Please describe
Do you have any current or past medical concerns? (Asthma, diabetes, seizures, etc.)			
Have you had help for mental health in the past? (Depression, anxiety, suicidal ideation)			
Are you currently on any medications?			
Do you have any concerns about your emotions or mental health now?			
Is there anything else related to safety we should know about? (Restraining orders, etc.)			

The program has a policy of no drugs or alcohol in the unit. How do you plan to manage this around your own use? \_\_\_\_\_

If you smoke, are you ok with smoking outside your suite?  No  Yes

We can't have pets at The Station. Are you ok with that?  No  Yes

## More about You

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What do you hope to accomplish at The Station (i.e. get a job, work on health, get active, etc.)?

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What do you think it means to live independently?

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**Strengths** you have that will help you live on your own (e.g. know how to clean my apartment, can cook a little)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Challenges** (e.g. don't know how to prepare meals, don't have a job)

1. \_\_\_\_\_

2. \_\_\_\_\_

## DECLARATION

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**Please read and sign the following statement:**

I understand that completing this application does not mean that The John Howard Society of the North Island (John Howard) will provide me with housing or financial assistance. I confirm that the information in this application is true, correct and complete. I agree to let John Howard know of any changes to this information, and to provide any supporting materials needed for my application. I give John Howard my consent to verify the information given in this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please list any people we can contact for more information about your application:*

Name of contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of contact \_\_\_\_\_ Phone \_\_\_\_\_