

RESIDENT INTAKE FORM

This Information is Strictly Confidential and will not be disclosed without your consent. Your personal information will only be collected and used to assess eligibility. If you would like further information regarding Tewegan's privacy practices or have concerns about your privacy, please contact us at 613-233-0672.

Date: _____

1. CONTACT INFORMATION

Last Name: _____ First Name _____

Date of Birth: _____ Age: _____
(Day \ Month \ Year)

Street Address: _____

City _____ Province _____ Postal Code _____

Home Telephone # _____ Work Telephone #: _____

Cell Telephone #: _____

2. ABORIGINAL ANCESTRY (If Applicable)

What Nation do you belong to?

First Nations Inuit Metis

Name of your Community _____

3. EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship: _____

Telephone #: _____

4. JUSTICE SYSTEM

Probation Officer (Name and Phone #): _____

5. HOUSING

Immediate Reason(s) For Requiring Services: (Check those that apply)

Family Breakdown / Parental Conflict	Ineligible For Income Assistance
Parental/Guardian Abuse (Sexual/Other)**	Substance Abuse (Alcohol/Drug/Other)
Partner Abuse (Psychological/Physical)**	Fire / Unsafe Premises
Eviction (Landlord / Other)	Transient Lifestyle
Moving to the City / Stranded in city	Involved in street culture
From Treatment (Psychiatric / Medical	Emergency Overflow
From Corrections / Jail	Other_____

****If you are fleeing an abusive relationship, do you feel that your abuser is a threat?**

Yes No

(If “Yes”, explain that Tewegan is listed on the web and is NOT a secure shelter. Establish if client will feel safe and secure while staying at Tewegan).

Have you already applied for Social Housing? Yes No

Do you have Priority Status? Yes No

6. Health

Please tell us your overall health (Physical, Mental, Emotional, Spiritual). Are there any issues you deal with that staff should be aware of in order to effectively support you?

How often do you seek medical attention?

Any Allergies? Yes No **Epipen Required?** Yes No

Actions necessary for Allergen:

Keep it out of the House Do not Ingest (can still be in the house/kitchen)

Please let us know of any special needs or circumstances that may affect your stay at Tewegan Transition House: (i.e. physical restriction, climbing stairs, please note we are not wheel chair accessible.)

7. ADDICTION HISTORY

Please indicate any addiction you might be struggling with: _____

What have you done in the past to deal with your addiction? _____

What do you plan to do to manage your addiction?

Treatment AA NA Detox
Therapy/Counseling Ceremonies Powwows

8. INCOME SOURCE

TEWEGAN HOUSING FOR ABORIGINAL YOUTH

Where does your current income come from?

Employment Ontario Works ODSP
Student Loans Student Grants Employment Insurance
Indicate when benefits will stop:

8. INCOME SOURCE (con't)

Other Benefits: _____

Other sources of income: _____

Monthly Gross Income: _____

O.W. or O.D.S.P Worker Name and District Office (if applicable):

Name: _____ Position: _____

District Office: _____ Telephone # _____ Ext: _____

9. REFERRAL INFORMATION

How did you find out about Tewegan Transition Home? Please check, all that apply to you.

- Relative
- Friend
- Current tenant
- School
- Social Worker
- Housing Agency
- Shelter
- Health Center

Other: *(please specify)* _____

10. ADDITIONAL SUPPORT

Please indicate any areas that you feel you could use some support:

Housing Addictions Employment School
Counseling CAS

Other:

11. EDUCATION

Last grade completed: _____

Do you currently attend school? Yes No

Part-Time Full-Time

Name of School: _____

Address of School: _____

12. EMPLOYMENT/VOLUNTEER HOURS

Are you currently employed? Yes No

1. Name of organization: _____

Job Title: _____

Do you work: Part-Time Full-Time Shift-Work

Is there any other information that you would like to provide that you feel may help us in providing the best services possible during your stay at Tewegan?

TEWEGAN HOUSING FOR ABORIGINAL YOUTH

Staff Signature

Date (DD-MM-YY)

Client Signature

Date (DD-MM-YY)