

1A – TO BE COMPLETED BY THE APPLICANT

Bravestone Centre assures you that the following information will be held in confidence as far as is permitted under the law.

1. Name: _____

2. Date of Birth: _____ Age: _____

3. Contact Information: Phone: _____ Cell: _____

Work: _____ Message: [] yes [] no (leave at) _____

4. Current Address (at time of application): _____

How long have you lived at this address? _____

Is the current address: [] a shelter
[] a rented apartment or house
[] a dwelling you own
[] other, please specify _____

5. Who do you live with at your current residence?
Name _____ Relationship to you _____

6. Previous addresses for the past three years:

Address	Length of time at this address
_____	_____
_____	_____
_____	_____

7. Have you ever been a tenant of The Manitoba Housing?
YES [] NO []

If yes, please provide when, where and the reason for moving.

8. Have you ever applied to Bravestone Centre or the W.I.S.H. Program before?
YES [] NO []

If yes, please provide year applied in. _____
What was the outcome of your application? _____

9. As our program is located in a three story walk up (no elevator), are you physically capable of walking up/down 3 flights of stairs? YES [] NO []
10. Question 10 is optional and will help us provided you with more personalized support.
What languages do you speak? _____
Do you need an interpreter? YES [] NO []
11. Do you have any health/medical concerns/treatment needs? YES [] NO []
If yes, please specify. _____

- Do you have any allergies? _____
12. Are you currently taking any medication? YES [] NO []
If yes, please specify. _____

13. Are you pregnant? YES [] NO []
If yes, please provide your due date. _____
14. Please provide the following information about your children:

<u>Child's Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Current Location</u>
.....				
.....				
.....				
.....				
15. Is Child & Family Services involved? YES [] NO []
If yes, please provide agency & worker's name: _____

16. Do any of your children have any health/medical concerns or treatment needs? YES NO
If yes, please specify. _____
Do your children have allergies? _____
Are your children capable of walking up/down 3 flights of stairs?
YES NO
17. Are any of your children currently taking any medication? YES NO
If yes, please specify. _____

18. What is your current source of income? Please select all that apply.
No Source of Income Child Support Payment
Public Assistance Employment: Full-time Part-time
Casual Other If other please specify. _____
Will this income change within the next 2 months?
YES NO MAYBE
Please explain. _____
19. If you are employed or are receiving training outside of the home please provide the following information:
Name of Organization: _____
Address: _____
Phone Number: _____
Hours and type of work/field of study: _____
20. What is your highest level of education?
Less than High School Grade Level Completed _____
High School Diploma Some College or University
Completed College or University Degree Other
If other please specify. _____

HISTORY OF VIOLENCE

21. Please provide the following information on the abusive partner:

Name: _____

Date of Birth: _____ Ethnic Background: _____

Address: _____

Do you have any type of no contact order against this person?

YES [] NO []

Please describe: _____

How much contact do you want to have with your ex-partner? _____

22. MOST RECENT VIOLENCE

a. When did the last violent incident occur?

Less than one week []

Between 1 week and 1 month ago []

Between 1 month and 3 months ago []

Between 3 month and 6 months ago []

Between 6 month and 1 year ago []

Other [] If other please specify. _____

b. What type of violence occurred?

Emotional/verbal abuse []

Physical abuse []

Sexual abuse []

Other [] If other please specify. _____

c. Was a weapon used in any of the assaults?

YES [] NO []

If yes please specify. _____

d. How often were you abused?

Once [] Once a month [] Twice a month []

Weekly [] Daily [] Other please specify. _____

e. If your ex-partner located you would you be in immediate danger?

YES [] NO []

23. Have you ever left your partner because of abuse? YES [] NO []

If yes, please indicate:

When Where did you stay Length of time away

24. Have you been involved in more than one abusive relationship?

YES [] NO []

If yes, please tell us about these relationships.

Name Length of Relationship Dates/Timeframe of Relationship Type of Abuse

Do you have a no-contact order against any of the above?

YES [] NO []

Please describe: _____

25. Were you abused or neglected as a child? YES [] NO []

If yes was the abuse (choose all that apply): Emotional [] Physical []

Sexual [] Neglected []

If yes, please describe what happened: _____

26. Have your children ever been abused or neglected? YES [] NO []
If yes, please describe what happened: _____

27. Are your children in immediate danger? YES [] NO []

28. Please provide us with some information about you or your family's contact with any helping agencies – counselling, groups, social services, police, legal, etc.

<u>Agency Name</u>	<u>Contact</u>	<u>Dates</u>	<u>Purpose</u>
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29. Do you have a history of addiction to any of the following? YES [] NO []
Alcohol [] Prescription Drugs [] Street Drugs [] Sex []
Gambling [] Other []

If other, please describe: _____

Have you received treatment for your addiction? YES [] NO []

If yes, please describe: _____

30. Please explain how you think the program here at Bravestone Centre will help you and your children? _____

31. What you do want to get out of the program? _____

32. If you have any questions or concerns about the program at Bravestone Centre, please list them below:

Acknowledgement: In this application to Bravestone Centre, I have read and understand the particulars stated below:

Applicants
please
Initial

I understand that Bravestone Centre has a safe residence for me to stay *while* attending the program.

I am aware that, *while living in the Bravestone Centre suite*, I and my children will be participating in ongoing individual and group counselling on a regular Monday to Friday basis.

I understand that should I NOT participate in my regularly scheduled programs at Bravestone Centre, I will be required to vacate my suite within 30 days.

Signature of Applicant

Date