

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.

DEMOGRAPHICS:

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. 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. _____

12. 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: _____

13. 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. _____

HEALTH/MEDICAL:

14. Do you have any health/medical concerns/treatment needs? YES [] NO []

If yes, please specify. _____

Do you have any allergies? _____

15. Are you currently taking any medication? YES [] NO []
If yes, please specify. _____

16. 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: _____

Current length of Sobriety? _____

17. Do you have a history/diagnosis of any mental health concerns? YES [] NO []
If yes, please describe: _____

18. Do you have any current/past suicidal thoughts, ideations or tendencies? YES [] NO []
If yes, please describe in detail (attempts, self harming behaviours, plans):

How long ago/often? _____

19. Are you pregnant? YES [] NO [] If yes, please provide your due date. _____

20. 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>
.....
.....
.....
.....

21. Is Child & Family Services involved? YES [] NO []

If yes, please provide agency & worker's name: _____

22. 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 []

23. Are any of your children currently taking any medication? YES [] NO []

If yes, please specify. _____

HISTORY OF VIOLENCE:

24. 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? _____

25. 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 [] please specify: _____

b. What type of violence occurred?

Emotional/verbal abuse []

Physical abuse []

Sexual abuse []

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 []

Please explain why? _____

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

If yes, please indicate:

When Where did you stay Length of time away

27. 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

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.....

Do you have a no-contact order against any of the above? YES [] NO []

Please describe: _____

28. Do you have any current/past legal involvement yourself (charges, probation, prison)?

YES [] NO []

If yes please provide specifics _____

29. 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: _____

30. Have your children ever been abused or neglected? YES [] NO []

If yes, please describe what happened: _____

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

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

Agency Name

Contact Dates

Purpose

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CHANGE/GROWTH:

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

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

35. 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