

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 provide 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:

Child's Name	Sex	Date of Birth	Grade	Current Location
.....
.....
.....
.....

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

.....

.....

.....

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.

<u>Agency Name</u>	<u>Contact Dates</u>	<u>Purpose</u>
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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