

EVA'S PHOENIX REFERRAL FORM

11 Ordance Street, Toronto, ON M6K 1A1
Telephone: (416) 364-4716 Fax: (416) 364-7533



Referral Information

Referring Worker:	Agency:
Telephone and Ext. #:	E-mail:
How long have you been working with this individual? Fax:	

Personal Information

Applicant's Name: _____ Gender F M TS TG
Last First Street Nickname

Current Living Arrangement: independent family shelter group home other

Address: _____

Main Phone/Voice Mail/Pager/Cell: _____ Alternate contact #: _____

(Eva's Phoenix suggests that all applicants arrange for a free voice mailbox so we can contact you about your application.)

Date of Birth: _____ day/_____ month/_____ year Age: _____ S.I.N. # _____

Legal Status: Can. Citizen Native Status Landed Immigrant Sponsored Immigrant Convention Refugee

Have you ever applied to Eva's Phoenix in the past?

Yes If yes, please state date of last application: _____ month/_____ year

What is your main reason for seeking Phoenix services?

Employment Programs **or** Employment **and** Housing Programs

Have you ever been a resident of Eva's Phoenix?

Yes If yes, please **do not** fill out this form. Call us to request a "Re-application Form"

No If no, please continue filling out remainder of form...

Employment History

Is the applicant currently working? Yes No

If yes, then please state: Part time (less than 24 hrs/wk) or Full time (24 hrs/wk or more)

Please state position and place of work: _____

If no, please state: Position at last job: _____ Name of last employer: _____

Dates started and ended last job: _____ month/_____ year _____ month/_____ year

Date started job Date ended job

Reason for leaving: Quit Fired Laid Off Other: _____

Has the applicant participated in an employment program? Yes No Dates: _____

Program Name: _____ Worker: _____

Reason for leaving: Completed Quit Fired Other: _____

Supports

Does the applicant currently have other supports (agencies/independent professionals)? If so, please specify: _____

Educational Background

Last grade completed? _____ Last date in school: _____ month/_____ year

Name and city of last school attended? _____

Reason for leaving: Completed Quit Expelled Moved

Other education experiences: _____

Has the applicant had an Educational and/or Vocational assessment? Date(s): _____

Housing/Shelter (This section to be completed by those applying to our employment **and** housing programs)

Please describe any experiences you have had in a shared living space? _____

Please tell us why you think you are prepared for a shared living environment where you are expected to cooperate, participate in house and shelter chores, and be involved in shelter committees?

What are some of the skills you need to learn to be able to successfully live independently?

Have you used the shelter/hostel system? Yes No **If yes, for how long?** _____

If yes, list 2 most recent shelters with dates: _____

Employment Goals and Challenges

Our Employment Programs are structured to meet your individual employment goals and needs.

Please identify your top three career interests:

1. _____

2. _____

3. _____

We also offer these specific programs. Please check off any that you are interested in.*

CISCO Systems Film Crew Construction Print Shop

Please note that spaces in some programs may be limited due to demand. We will make every effort to find a program that meets the employment interests and goals of eligible applicants

Physical/Mental Health: Does applicant have a history of physical or mental health concerns? Yes No

If yes, has applicant ever been prescribed a drug for this concern? Yes No

If yes, does applicant have a support system for this concern? Yes No

Please specify: _____

Substance Use: Does applicant have a history of drug/alcohol misuse? Yes No

If yes, then please describe any past/current supports: _____

Criminal History: Does the applicant have a criminal record? Yes No **If yes,** please list charge(s)? _____

Is the applicant currently on probation? Yes No **If yes,** until when? _____

If yes, then please list charges and conditions of probation: _____

Is the applicant currently on bail? Yes No

Are there any outstanding charges, bench warrants? Yes No Are there outstanding court dates? Yes No

If yes, please give details and dates: _____

Does the applicant have a lawyer? Yes No

Additional Comments:

Release of Information

I, _____, (print name of applicant), D.O.B., ____ ____ ____ (d/m/y), hereby permit any exchange of information deemed appropriate between the three shelters of Eva's Initiatives and the referring worker/agency to facilitate my application to Eva's Phoenix. I understand that the information exchanged will be handled in a discreet and confidential manner.

Applicant Signature: _____ **Date:** ____ day/ ____ month/ ____ year

Referring Worker Signature: _____ **Date:** ____ day/ ____ month/ ____ year

For Internal Use Only:

Referral Reviewed By: _____ Date: _____

Initials

day / month / year