



Opportunity made here.

HOMeward BOUND REFERRAL FORM

Who is eligible for admission?

- 19 years or older
- Risk and/or history of homelessness
- One referral (from shelter, clergy, social program, etc.)
- Canadian citizen, landed immigrant, or convention refugee
- At least one child under 17 living with her
- High school diploma preferred
- Capable of reaching college-level academics within 6-8 months
- No *current* criminal proceedings or addictions (one year clean/sober)
- Able to commit to participating in a full-time program

APPLICANT'S NAME: _____ Date: _____

<p>Referring Worker: _____</p> <p>Shelter/Organization: _____</p> <p>Telephone and Ext.: _____</p> <p>Email: _____</p> <p>Fax: _____</p> <p>How long have you been working with this individual? _____</p> <p>Currently living in shelter? Y N</p>
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THIS FORM SHOULD BE COMPLETED BY THE PERSON REFERRING, not the applicant herself

Overview on applicant's suitability for program (must be completed)

CHECK ALL THAT APPLY

Mental or physical health concerns?

If yes, what supports are in place?

Current or recent past (within 1 year) drug/alcohol abuse?

If yes, what supports are in place?

Criminal record

If yes, for what crime and when convicted _____

Please list any of the other agencies the candidate is working with:

Agency _____ Reason for contact _____

Contact Name _____ Contact Number _____

Agency _____ Reason for contact _____

Contact Name _____ Contact Number _____

Agency _____ Reason for contact _____

Contact Name _____ Contact Number _____

Please complete the following as fully as possible. More information will assist us in ensuring that the applicant is the right fit for the program.

Interest in continuing education _____

Capacity for success _____

Strengths _____

Commitment to 4 year program _____

Level of cooperation with residents and staff _____

Conflict resolution skills _____

Stress Management _____

Money Management _____
