



Education and Employment History

Are you currently attending school? Yes No

If yes: Name of school: _____

If no: Last grade completed? _____ Name of school: _____

What subject(s) in school do you most enjoy? _____

Are you currently working? Yes No **If yes,** Part time (under 24 hrs) or Full time (over 24 hrs)

Please state position and place of work: _____

How long have you been employed? _____

Please state your employment history (previous employment if currently not working and dates) :

Are you currently working with other supports around employment? Yes No

If yes, please specify:

Employment Goals

What are your short-term employment goals/interests?

1. _____ 2. _____ 3. _____

What are your longer-term employment goals/interests?

1. _____ 2. _____ 3. _____



Justice

Are you currently on probation? Yes No **If yes**, until when? _____

Name of Probation Officer and contact number: _____

If yes, please list convictions and conditions of probation:

Do you have any outstanding charges or warrants? Yes No

Outstanding court dates? Yes No

If yes, please give details and dates:

Do you have a lawyer? Yes No

Name and contact number for lawyer: _____

Housing/Shelter History

Have you ever used the shelter/hostel system? Yes No

If yes, where and when was your most recent stay?

Have you ever used Siloam Mission services? Yes No

If yes, what service(s) did you utilize and when?

What is your current housing arrangement?



Please share with us why you think you are prepared for a shared living environment where you are expected to work through conflicts with housemates, participate in house and shelter chores, and be involved in the shelter community? What will you find most challenging?

Health:

Do you have a history of:

Physical health concerns? Yes No Current Past

Please list prescribed meds and/ or supports: _____

Mental health concerns? Yes No Current Past

Please list prescribed meds and/ or supports: _____

Drug/Alcohol misuse? Yes No Current Past

Please list names of drugs, substances, and/or alcohol: _____

Do you want support exploring the possibility that you may have health concerns? Please check all that apply:

Physical Mental Emotional Substance use Other

Do you have a family doctor? Date of last appointment?



What supports do you currently access? i.e. Mental Health Services, Child and Family Services, Addiction Services etc.

Is there any additional information that would assist us in meeting your needs?

Please include information about diagnosed or suspected learning disabilities, attention disorders, mental health concerns, or needed skills development in areas of conflict/ problem solving
