

The Nest Program Application

Referring Agency Information

Date of Referral: _____

Referring Worker: _____

Agency: _____

Telephone and Ext. #: _____

E-mail: _____

How long have you been working with this individual? _____

Applicant's Personal Information

Applicant's Name: _____
Last First Preferred Name

Gender (optional, choose all that apply): F M T Non-Binary Other _____

Current Address: _____

Main Phone/Voice Mail/Pager/Cell: _____

Alternate contact #: _____

Date of Birth: ____ day/ ____ month/ ____ year Age: ____

Are you: Aboriginal Metis Inuit First Nations Other Treaty # _____

Treatment History

Have you completed a substance abuse treatment program within the last 30 days? Yes No

If yes: Name of treatment facility: _____

If no: Have you ever gone to a treatment facility and when? _____
Name of facility: _____



Please state any treatment programs you have been involved in during the last 12 months:

Source of income

Please check off on your Source of Income:

EIA EIA Disability CPP CPP Disability OAS

Employment Other: _____

Are you under Public Guardian Trustee? Yes No

Worker's name: _____ PGTO client number: _____

Monthly income _____

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 maintain sobriety, work through conflicts with housemates, participate in house and shelter chores, and be involved in the peer programing and contribute to the community? What will you find most challenging?

Health

Please outline your history with the following:

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 Yes No Current Past Please list names of drugs, substances, and/or alcohol:

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

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: _____

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

References

1. _____
2. _____
3. _____

I understand and agree that that my consent is only for Siloam Mission staff and those listed. I have the right to have a copy of this information. I can cancel this permission at anytime if I decide to do so and Siloam Mission staff will respect this decision.

Consent to contact references _____

Date of consent: _____

Copy Provided: Yes No

Applicant Signature: _____

Resident Relations Coordinator Signature: _____