

## APPLICATION FORM – to be completed by the applicant

Please print out the application, fill in all information and mail to:

## Alpha House

			P.O Box 37015 RPO St. Vital Centre Winnipeg, MB R2M 5R3	
1.	Name			
2.	Date of Birth			
3.	Current Address	(at time of a	application)	
	How long have you	lived at this ad	ldress?	
	Phone Number:	home work messages		
4.	Is this current addre	ess	a shelter a rented apartment or hou a house or dwelling you o other (please specify)	
5.	Who do you live with Name	h in your curre	nt residence?	Relationship to you
6.	Previous addresses <u>Address</u>	for the last thr	ree years	Length of time at this address
7.		Yes	/innipeg Regional Housing Au e and the reasons for moving	No

8. Have you ever applied to the Alpha House program before?

What is your ethnic background or heritage? What languages do you speak? Do you need a translator?  Please provide some information about your children: Name Sex Birthdate Grade Location  Do your children have any serious health/medical problems?  Do you have any serious health/medical problems?  Are you pregnant: Yes No  What are your current sources of income?  Child support payments Employment is full time part-time occasional Other (please specify)  Will this income change within the next 2 months?  Yes No Maybe Please explain  If employed or in training outside the home, please provide the following: Employer's name and address  Phone Number: Hours and type of work:	What languages do you speak? Do you need a translator?  Please provide some information about your children: Name Sex Birthdate Grade Location  Do your children have any serious health/medical problems?  Do you have any serious health/medical problems?  Are you pregnant: Yes No What are your current sources of income? Public assistance Child support payments Employment: full time part-time occasional Other (please specify)  Will this income change within the next 2 months? Yes No Maybe Please explain  If employed or in training outside the home, please provide the following: Employer's name and address Phone Number:	Yes	No	If ye	es, what year		
Name	Name	What language	es do you speak?	or heritage? -			
Do your children have any serious health/medical problems?  Do you have any serious health/medical problems?  Are you pregnant: Yes	Do your children have any serious health/medical problems?  Are you pregnant: Yes	•		-	Grado	Lo	cation
Do you have any serious health/medical problems?  Are you pregnant: Yes	Do you have any serious health/medical problems?  Are you pregnant: Yes	INaiii	e Sex	Birthdate	Grade	LO	Callon
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Are you pregnant: Yes	Are you pregnant: Yes	Do your childre	en have any serio	us health/medical prob	lems?		
Are you pregnant: Yes	Are you pregnant: Yes						
Are you pregnant: Yes	Are you pregnant: Yes	Do you have a	any carious haalth	modical problems?			
What are your current sources of income?    No source of income	What are your current sources of income?    No source of income   Public assistance   Child support payments   Employment: full time   Dother (please specify)   Other (please specify)	Do you have a	any senous neam	medicai problems?			
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Employer's name and address  Phone Number:	Employer's name and address  Phone Number: Hours and type of work:	Please explair			No		Maybe
Employer's name and address  Phone Number:	Employer's name and address  Phone Number: Hours and type of work:						
	Hours and type of work:					_	
Hours and type of work:		Phone Numbe	er:				
	What is your advectional hackground?	Hours and typ	e of work:				

16. What is your educational background? Less than high school High School Diploma Some College or university Completed college or university Trade (please specify)

17.	Name:	de some information on the abusive partner:					
	Birthdate:		Ethnic	Ethnic Background:			
	Address:						
18.	a. Where Less Betweet	CENT VIOLENCE In did the last violent incide I than one week ago I week and 1 month I ween 1 month and 3 month I ween 3 months and 6 month I ween 6 months and 1 year	ago ns ago ths ago ago				
	Emot Phys	t type of violence occurred tional/verbal abuse ical abuse al abuse					
	c. Was	a weapon used in any of Yes	the assaults?	What type?			
		often were you abused? nce About once pe		It twice a month [			
	e. Are y	ou in immediate danger a	at this time?				
19.	Have you b	OF VIOLENCE een involved in more thar Yes se tell us about these rela Name	No		ype of Abuse		
					) p = 0.1		
20.	•	bused as a child? the abuse emotional	Yes phys	Nosicalsex	?		
21.	•	children ever been abused cribe what happened:	d? Yes	No	?		
22.	Are your ch	ildren in immediate dange	er Yes	No	?		
23	Are Child &	Family Services involved	l? Yes	No 🗌	2		

25. Have you ever left your partner because of abuse? If yes, please indicate:  When Where did you stay (family, friends, shelter)  26. Please provide us with some information about you or your family's contact with any helping agencies couinselling, groups, social services, police, legal, etc.  Organization Person Seen Dates Purpose  27. Do you have a history of alcohol or other drug abuse? Yes No If yes, please describe:  28. How do you think the Alpha House program can help you and your children?  29. Do you have any questions or concerns about Alpha House? Please list them below:  I HEREBY AGREE TO THE EXCHANGE OF INFORMATION BETWEEN THE REFERRING AGENCY AND ALPHA HOUSE RELATING TO THE PROCESSING OF THIS APPLICATION.  SIGNATURE  DATE  DATE	24.	Do you have a restraining order Please describe.	er? Yes	No	
couinselling, groups, social services, police, legal, etc.  Organization  Person Seen  Dates  Purpose  27. Do you have a history of alcohol or other drug abuse?  If yes, please describe:  No  Wes  No  No  No  If yes, please describe:  Purpose  No  If yes, please describe:  No  No  No  No  No  No  No  No  No  N	25.	If yes, please indicate:	Where did you stay	<u></u>	No
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DATE		SIGNATURE			
		DATE			