



**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 application)

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Phone Number Home \_\_\_\_\_

Work \_\_\_\_\_

Messages \_\_\_\_\_

4. Is this current address (Please check one)?

a shelter

a rented apartment or house

a house or dwelling you own

other (please specify) \_\_\_\_\_

5. Who do you live with in your current residence?

Name

Relationship to you

Name	Relationship to you
_____	_____
_____	_____
_____	_____
_____	_____

6. Previous addresses for the last three years

Address

Length of time at this address

Address	Length of time at this address
_____	_____
_____	_____
_____	_____
_____	_____

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year \_\_\_\_\_

8. What is your ethnic background or heritage? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Do you need a translator? \_\_\_\_\_

9. Please provide some information about your children:

Name	Gender	Birthdate	Grade	Location

10. Do your children have any serious health/medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are Child and Family Services involved? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long has Child and Family Services been involved with your family? \_\_\_\_\_

12. Do you have any serious health/medical problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

14. What are your current sources of income? \_\_\_\_\_ No source of income  
\_\_\_\_\_ Public assistance  
\_\_\_\_\_ Child support payments  
\_\_\_\_\_ Employment \_\_\_ Full time \_\_\_ Part time \_\_\_ Occasional

Will this income change within the next 2 months? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

Please explain

\_\_\_\_\_  
\_\_\_\_\_

15. If employed or in training outside the home, please provide the following:

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours and type 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. Please provide some information on the abusive partner:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Ethnic background: \_\_\_\_\_

Address: \_\_\_\_\_

18. How long have you been in the relationship? \_\_\_\_\_

**MOST RECENT VIOLENCE**

a. When did the last violent incident occur? \_\_\_\_\_ Less than one week ago  
\_\_\_\_\_ Between 1 week and 1 month ago  
\_\_\_\_\_ Between 1 month and 3 months ago  
\_\_\_\_\_ Between 3 months and 6 months ago  
\_\_\_\_\_ Between 6 months and 1 year ago

b. What type of violence occurred? \_\_\_\_\_ Emotional/verbal abuse  
\_\_\_\_\_ Physical abuse  
\_\_\_\_\_ Sexual abuse  
\_\_\_\_\_ Financial abuse

c. Was a weapon used in any of the assaults?  
\_\_\_\_\_ Yes \_\_\_\_\_ No What type? \_\_\_\_\_

d. How often were you abused? \_\_\_\_\_ Once  
\_\_\_\_\_ About once per month  
\_\_\_\_\_ About twice per month  
\_\_\_\_\_ Weekly  
\_\_\_\_\_ Daily  
\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

e. Are you in immediate danger currently? \_\_\_\_\_ Yes \_\_\_\_\_ No

**19. HISTORY OF VIOLENCE**

Have you been involved in more than one abusive relationship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please tell us about these relationships:

Name	Length of Relationship	Abuse
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Were you abused as a child? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_?  
If yes, was the abuse \_\_\_\_\_ Emotional \_\_\_\_\_ Physical \_\_\_\_\_ Sexual

21. Have your children ever been abused? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_?  
Please describe what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Are your children in immediate danger \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_?  
If yes, please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Do you have a no contact order or protection order? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

24. Have you ever left your partner because of abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate:

When	Where did you stay (family, friends, shelter)	Length of time away
_____	_____	_____
_____	_____	_____

25. Please provide us with some information about you or your family's contact with any helping agencies – counselling, groups, social services, police, legal, etc.

Organization	Person Seen	Dates	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

26. Do you have a history of abusing alcohol or another drug? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe: \_\_\_\_\_  
Have you ever attended a treatment program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide the name of the organization or program and when you attended:  
\_\_\_\_\_  
\_\_\_\_\_

27. How do you think the Alpha House program can help you and your children?

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28. Do you have any questions or concerns about Alpha House? Please tell us about them

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**I HEREBY AGREE TO THE EXCHANGE OF INFORMATION BETWEEN THE REFERRING AGENCY AND ALPHA HOUSE RELATING TO THE PROCESSING OF THIS APPLICATION:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_