



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
_____	_____
_____	_____
_____	_____
_____	_____

6. Previous addresses for the last three years

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 _____ Length of time away _____
 (family, friends, shelter)

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?

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

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

Signature: _____

Date: _____