



WOODGREEN Opportunity made here.

HOMeward BOUND APPLICANT REGISTRATION

To be filled in by the applicant herself

PLEASE PRINT

FIRST NAME: _____	
LAST NAME: _____	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Other	DATE OF BIRTH _____ mm dd yyyy
First Language: _____	Home Phone: _____ Cell Phone: _____ Email Address: _____
Current Address: _____ City _____ Postal Code _____	Apt # _____
Is this housing: <input type="checkbox"/> Market rate rental <input type="checkbox"/> A homeless shelter / VAW shelter / shelter for abused women <input type="checkbox"/> Subsidized rental (for example: Toronto Community Housing) <input type="checkbox"/> Other: _____ _____	
CITIZENSHIP STATUS <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Convention refuge <input type="checkbox"/> Native <input type="checkbox"/> Sponsored Immigrant	Custody status of kids: Yes No

Current Source of Income (please check all that apply):

- Ontario Works
- Employment Insurance
- Support Program (ODSP)
- PNA (Shelter)
- Other: _____

Number of children: _____ # of children residing with you: _____

Child # 1

Name _____

Sex _____

Date of Birth _____ Special Needs Y N

mm dd yyyy

Daycare o-6 _____ After School 6-12 _____

Child Subsidy Number (if available) _____

Current grade level _____

Child # 2

Name _____

Sex _____

Date of Birth _____ Special Needs Y N

mm dd yyyy

Daycare o-6 _____ After School 6-12 _____

Child Subsidy Number (if available) _____

Current grade level _____

Child # 3

Name _____

Sex _____

Date of Birth _____ Special Needs Y N

mm dd yyyy

Daycare o-6 _____ After School 6-12 _____

Child Subsidy Number (if available) _____

Current grade level _____

Comments on any special supports needed for children (medical, academic, behavioral, counseling, etc.)

Employment Background

What is your current employment status? _____

Last employment

Company: _____

Title: _____

Start Date: _____ End Date: _____

Reason for leaving:

- Quit
- Fired
- Other _____

Comments:

Describe your greatest concern about the transition back to work and school? What do you think will be your greatest challenge?

Please check any of the following professional traits you think you may possess?

- | | |
|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Good Time-keeping | <input type="checkbox"/> Lifetime Learner |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Versatile |
| <input type="checkbox"/> Independent Thinking | <input type="checkbox"/> Articulate |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Goal-oriented |
| <input type="checkbox"/> Hard Working | <input type="checkbox"/> Good Planner |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Multi-tasking |

Please give one example:

Please check any of the following you think may be barriers to your employment.

- Medical / Health Problems
- English (ESL)
- Attendance/Punctuality
- Grooming
- Emotional
- Interpersonal Skills
- Literacy
- Problems with Authority
- Discrimination
- Other
- Numeracy (math)
- Employment Record
- Education
- Transportation
- Legal
- Housing
- Day care / Child care
- Substance Use
- Motivation

Comments:

What do you know about the Homeward Bound Program? How is it aligned with your interests? What do you bring to the equation?

Identify 3 goals for the next

▪ **Six months**

/personal/

1. _____

2. _____

3. _____

/professional/

1. _____

2. _____

3. _____

▪ **Two years**

/personal/

1. _____

2. _____

3. _____

/professional/

1. _____

2. _____

3. _____

If accepted into the Homeward Bound project, what other supports might you require?
