



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

 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?

<u>Name</u>	<u>Relationship to you</u>
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- 6. Previous addresses for the last three years

<u>Address</u>	<u>Length of time at this address</u>
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- 7. Have you ever been a tenant of Winnipeg Regional Housing Authority?
 Yes _____ No _____
 If yes, please indicate when, where and the reasons for moving.

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

Yes _____ No _____ If yes, what year _____

9. What is your ethnic background or heritage? _____
What languages do you speak? _____
Do you need a translator? _____

10. Please provide some information about your children:

Name	Sex	Birthdate	Grade	Location

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

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
 Other (please specify) _____

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. 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

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 a month
 Weekly Daily Other (Please specify) _____

e. Are you in immediate danger at this time?

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	Type of Abuse

20. Were you abused as a child? Yes

If yes, was the abuse emotional physical sexual

21. Have your children ever been abused? Yes

Please describe what happened: No ?

22. Are your children in immediate danger Yes

No ?

23. Are Child & Family Services involved? Yes

No ?

24. Do you have a restraining order? Yes No
Please describe.

25. 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)

26. 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

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 _____