



Application Form

(office use only) Application # _____

This form must be completed by the **applicant**. If you require assistance please request help from a current service provider. If this is not available or your request is urgent, contact Fresh Start for assistance at 519-637-0845.

Basic Information

Date: _____

Applicant Name: _____ Health Card # _____

SIN _____

Emergency Contact: _____

Visible tattoo and piercing location (for emergency use) _____

Referral Source: (Agency & Person if applicable) _____

How did you hear about us? on-line search service provider other _____

Contact Phone Number: Applicant: _____ Professional: _____

Age/Date of Birth of Client: _____ *If applicant is under 16 she is not eligible for OW until birth of baby, therefore, it must be confirmed as to who is funding her stay- CAS/relatives/other _____

Has the pregnancy been confirmed by a doctor or health professional?

Yes No Due Date/Date of Birth of Infant: _____ Health Card # _____

Baby SIN _____

Preferred placement date _____ or I need immediate placement!

Please give a full explanation of why you wish to be a resident at Fresh Start and what you hope to achieve during your stay.

Have you applied to other maternity homes? Yes No Why or why not ?

Would you like more information about other homes across the province? Yes No

***Note: Where an applicant is homeless or in danger the application process may be accelerated.**

Housing

Current living situation: _____

*Note that it is most beneficial to be admitted within a few weeks/days of due date/delivery unless inadequate housing is an issue. (residents may access services for up to 2 yrs)

Current City: _____

Have you ever been a resident at another maternity home? Yes No

Have you ever been evicted from previous placements or housing? No Yes- reason _____

What has changed since this experience? _____

Have you had previous involvement with Fresh Start? Yes:year-:_____ No

If yes, explain reason for re-application. _____

How many pregnancies have you had?_____ How many live births?_____

Number of children in your care (include ages): _____

Do you have any children in the care of others? Explain _____

What has changed in your life that would result in you now be able to successfully parent? _____

Primary Issues (*applicant must be **stable** upon admittance)

History of Drug Addiction &/or use (list drugs of choice) _____ History of Alcohol **abuse**

Last date of drug/alcohol use: _____

Are you on Methadone? Yes - daily/weekly treatments? Or carries No

Criminal History (if checked complete the rest of the section) You will be asked to share a copy of all orders.

Describe your criminal history _____

Have you been incarcerated? Dates _____

Are you currently on probation? Yes No

Do you have any court orders in place? Yes - _____ No

Do you have any outstanding warrants? Yes No (If yes, please specify) _____

History of aggression (particularly with service providers)Yes-with _____ No

Mental/Emotional Health: ADD/ADHD FASD Depression Bipolar Other diagnosis _____

Do you believe you have an undiagnosed mental health issue? Explain _____

Are you on medication for any mental health issues? List _____

Have you ever been hospitalized for mental health? If so, when was the last admittance and for how long? _____

Have you ever been a victim of physical/sexual/mental abuse? _____ By whom? _____

Are you currently a victim of abuse? _____

Do you have any learning disabilities? If so, list _____

How may your disability impact your ability to parent? _____

Current Financial Status

How do you intend to fund your stay at *Fresh Start* Maternity Supports? _____

Ontario Works * applicant must notify OW 519-631-9350 with admission date upon acceptance

ODSP *notify with admission date Employed Other _____

*Residents under 16yrs must make alternate arrangements for payment until baby is born and will require a letter from CAS mandating placement. In order to *hold* a placement a deposit is required (arrangements must be made with P.M.)

Agency Involvement

CAS –supportive of placement Yes No Worker's name _____ Phone _____

You must provide consent to share information with CAS and share all service agreements.

Is placement with Fresh Start or a similar supportive facility a condition of you keeping your child in your care?

Yes No

Have you ever had a Parenting Capacity Assessment done? _____ If yes, are you prepared to share the results? _____

VAW /Abuse counseling

Mental Health Services - Dr./worker _____

Public Health

Addictions Worker

Other _____

Partner involvement

Is the father of the baby involved Yes No Name _____

Restrictions (court or CAS ordered) _____

If your current partner is not the biological father, is he an approved caregiver? Yes No

Restrictions _____

Does your current partner have a history with CAS? _____

If required to choose between your partner and your baby are you prepared to make a decision? _____

What has prevented you from making that decision? _____

Family Involvement

Do you have family involvement: Yes NO

Parent's Names: _____

Address: _____ Phone: _____

Faith

Do you have a faith/church family? Yes No

Medical Issues of mom and baby. Please list (if any).

Name of Family Doctor: _____ Phone: _____

Address: _____

Name of OB/GYN: _____ Phone _____

Address: _____

Medical issues of Mom: _____

Communicable Diseases: _____

High Risk Pregnancy _____

Medications: _____

Do you need dental work done: _____

Baby: _____

Medications: _____

Special diet or allergies? _____

**Please note that baby requires a legible report from hospital upon admittance and mom requires a medical reference.*

Educational Status

High school incomplete (Last grade completed _____) High school College/University

Last school attended _____ Date of last attendance _____

***Please provide a working copy of any transcripts upon admission**

Please note that all residents are required to participate in schooling regardless of age or educational status. This may include career counseling.

Fresh Start is an individual needs based program. The amount of supervision and support each mother receives will be determined based on the particular needs of the infant as well as the level of support required and/or requested by the mother.

APPLICANT RESPONSIBILITIES:

Once an application form has been submitted, it is the responsibility of the applicant to keep contact with the organization. **She must make a call to the House (519-637-0845) each Monday morning** and either talk with staff or leave a message indicating her interest in staying on the waiting list. The applicant must update her contact information any time it changes. If an applicant does not call the organization to update her application, she will be

removed from the wait list. This requirement shows commitment to the program and responsibility on the part of the applicant.

NEXT: You will be notified shortly indicating your acceptance to the next step of our application process. If so, you will be scheduled an interview and tour date and proceed to the final part of the acceptance process.

ADMISSION TERMS & CONDITIONS

This shall confirm that I agree to the following terms & conditions of acceptance into the Fresh Start Program:

I Agree.....(please initial each of the following statements)

_____ 1. to pay room and board as provided to me through Ontario Works or ODSP. I understand that failure to do so will result in dismissal.

_____ 2.that I shall be on a minimum 14 day probationary period prior to full acceptance into the Fresh Start Program.

_____ 3. that in the event that I do not show any growth and/or cooperation during my probationary period, I will be dismissed from the program.

_____ 4.that I will fully participate in all mandatory programs in a respectful manner.

_____ 5..that in the event that I fail to adhere to the rules of the program , I will be asked to leave the program immediately.

_____ 6.that I have fully read the entire application package and agree to abide by the policies.

Applicant name

Applicant signature

Date

Witness name

Witness signature

Date

Submit this form by fax to 1-866-245-1774 or email admin@fsms.ca or mail 118 Centre St. St. Thomas N5R 2Z9