JohnHoward
SOCIETY OF KINGSTON & DISTRICT

771 Montreal Street
Kingston, ON
K7K 3J4

Tel: 613-542-7373
Fax: 613-542-2733
Toll: 1-888-325-7930

APPLICATION FOR RESIDENCE

Name:_____ **FPS #**_____

Parole Officer:_____ **Phone #:** _____

Institution/Office:_____ **Release Date**: _____

Sentence Length: _____

D.O.B _____ **Age:**_____

Country of Origin:_____**Citizenship:**_____

Deportable: YES / NO_____

_____

Marital Status_____

Emergency Contact Information:

Name:_____**Relationship:**_____

Address: _____

Phone# :(Home)_____**(Work)**_____

Email: _____

Offence(s)	Length of Sentence	Year
1)_____	_____	_____
2)_____	_____	_____
3)_____	_____	_____

Please state your reason for applying to The John Howard Society of Kingston Transitional Housing:

_____

_____

Special needs: (diet, medical, allergies, etc.)

_____

Are you currently under medical care? YES/NO_____ If yes, please give details (e.g epilepsy, diabetes, HIV, Hep C, etc. physical or health issues)

_____

_____

Do you have a substance abuse problem- YES/NO _____If yes, please give details: _____

_____

_____

Treatment Programs: (Please list the programs completed)

_____

_____

List any programs that are pending:

_____

_____

Do you have any future education plans/goals?

_____

_____

List some of your employable skills:

_____

_____

Please circle the ones that apply:

Do you need support with: Budgeting/Cleaning/Personal Hygiene/Medication/Other_____

Additional information not listed above: (eg. family contact, relevant history):

_____

_____

Support: (Community/Friends/Family)

Name _____	**Name:** _____	**Name:**_____
Address: _____	**Address:** _____	**Address:**_____
_____	_____	_____
Phone:_____	**Phone:**_____	**Phone:**_____

Declaration and Consent

I declare that all information given in this application is correct and complete. The application and any supporting documents become the property of The John Howard Society of Kingston & District.

I agree to provide any supporting material as may be required.

I understand that if accommodation is provided to me, the unit will be occupied only by me and for a period of up to six months.

Personal information collected by The John Howard Society of Kingston & District, pursuant to the Social Housing Reform Act 2000, will be used to determine eligibility for The John Howard Transitional Housing or for placement on our waiting list.

I give my consent for information to be shared with agencies that assist with the provision of affordable housing and social agencies providing financial assistance to me for the purpose of verifying eligibility for Transitional Housing, under the Social Housing Reform Act, 2000.

Please note that any questions or complaints about the collection, use or disclosure of the information on this application can be forwarded to:

The John Howard Society of Kingston
771 Montreal St.
Kingston, Ontario
K7K 3J4

Phone: 613-542-7373

_____	_____	_____
Applicant Name	**Applicant Signature**	**Date**