



Ramoth Apartments Application B

Name: _____ Age: _____ D.O.B. _____

Date of Application: _____

Date Requesting admission to program: _____

Anticipated length of stay: _____

List children who will be living with you:

Name _____ Sex: _____ Age: _____ D.O.B. _____

Name _____ Sex: _____ Age: _____ D.O.B. _____

Case Worker: _____ Phone# _____

Case Supervisor: _____ Phone # _____

Completed by Ramoth Staff only

Application received and completed: _____

First interview & tour date: _____

- | | |
|---|---|
| <input type="checkbox"/> Application A received | <input type="checkbox"/> Date for 2 nd interview |
| <input type="checkbox"/> Occupancy Agreement | <input type="checkbox"/> Guideline book |
| <input type="checkbox"/> Consent to Release Information | <input type="checkbox"/> Stepping Stones Plan |

Second interview & paper work completed: _____

- | | |
|--|--|
| <input type="checkbox"/> Occupancy Agreement | <input type="checkbox"/> Stepping Stones Plan |
| <input type="checkbox"/> Guideline book | <input type="checkbox"/> Letter to Ontario Works |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> Notice to Ontario Works |
| <input type="checkbox"/> Security deposit paid | <input type="checkbox"/> Date for Orientation |
| <input type="checkbox"/> Society letter on history(s) | <input type="checkbox"/> Current Agreements with Society |
| <input type="checkbox"/> Society letter on limits/access | <input type="checkbox"/> Photos of persons restricted/unsafe |
| <input type="checkbox"/> Society referral letter and current risk assessment | |

Accepted/denied admittance: _____

Date of Admittance: _____ Apartment Number: _____

Applying for Step Two in the Ramoth Programs

(Use extra paper if necessary.)

1. Explain why you would like to move into Ramoth Apartments?

2. Described what goals, plans or dreams you hope to achieve during Step Two to the Ramoth Programs.

3. After carefully reading the Ramoth Apartment guidelines as well as the Resident Handbook what concerns do you have or potential challenges do you foresee should you be accepted in Step Two of the Ramoth Programs?

4. After carefully reading the Ramoth Apartment Guidelines and Resident Handbook what elements of the program/guidelines would you find to be positive or supportive?

Pregnancy History (applicable)

Due Date: _____

Complication with pregnancy: _____

Medical History

1. List Allergies: (medical, food, environmental) _____

2. List any significant medical\health problems (i.e. asthma, diabetes): _____

3. List Medications: _____

Substance Use (if applicable)

1. Describe smoking habits: _____

2. On a separate sheet of paper, describe history of substance abuse (drugs, alcohol, and prescription). State all substances by name, length of use, frequency of use, dates of usage & treatment provided.

Mental Health Information

1. Describe history of self harm (e.g. suicide, cutting), if applicable

2. Describe any behavior management issues (e.g. anger, depression, violence, abuse behavior), if applicable

3. Are there any current or historical mental health issues? If so, please explain?

Criminal History

1. Do you have a criminal history? If so, please explain the reason for the charges and the dates of those charges.

2. Is applicant currently on probation? If yes, include reason for probation and restrictions.

3. Are you currently court involved or are there any outstanding warrants? If so, please give details.

Employment and Income Information

What is your gross monthly income from all sources (work, ODSP, OW, CTB, support, ect) _____

Are you currently employed? ____yes ____no

Are you currently receiving social assistance? Ont Works: _____ ODSP: _____

If so, from which county are you receiving financial assistance? _____

Are you a part of another person's benefit plan with O.W. or O.D.S.P.? Yes\No

Education

Grade level and year completed: _____

Name of last school attended: _____

Number of high school credits: _____

Relationship Challenges

Have you ever been a victim of domestic violence? If so, please give a brief summary:

Have you been or are you currently in a relationship where your partner threatened or harmed you? If so, please give a brief summary:

Please describe your safety plan regarding partner violence/threats. If you have not developed a safety plan then we would ask you to seek the support of a counsellor or your social worker to do so. Then provide Ramoth Staff with the written details.

Infant Information

Information on Child below, only fill the section(s) according to what pertains to your situation.

Name: _____ Sex: _____ D.O.B.: _____

Location of Birth: _____

Birth Weight: _____ Length: _____ Apgar: _____

Weight at Hospital Discharge: _____

Birth marks: _____

Type of Delivery: _____

Complications in delivery or immediately following birth: _____

Method of Feeding: (Breast, Bottle, type of formula): _____

Do you have custody of the above named child? _____

Are there any court orders or agreements in place regarding partner visitation or custody or any other information concerning custody? (scheduled access, restrictions, etc.)

Health Concerns: _____

Attachment Concerns: _____

What daycare arrangements have you made for this child? Please include the name of the day care provider, what days/times the child will be in care as well as any other pertinent details: _____

Are there any court orders or agreements in place regarding partner visitation or custody? (scheduled access, restrictions, etc.)

Child#2 Information

Name: _____ Sex: _____ D.O.B.: _____

Location of Birth: _____

Birth Weight: _____ Length: _____ Apgar: _____

Weight at Hospital Discharge: _____

Birth marks: _____

Type of Delivery: _____

Complications in delivery or immediately following birth: _____

Method of Feeding: (Breast, Bottle, type of formula): _____

Do you have custody of the above named child? _____

Are there any court orders or agreements in place regarding partner visitation or custody or any other information concerning custody? (scheduled access, restrictions, etc.)

Health Concerns: _____

Attachment Concerns: _____

What daycare arrangements have you made for this child? Please include the name of the day care provider, what days/times the child will be in care as well as any other pertinent details: _____

Are there any court orders or agreements in place regarding partner visitation or custody? (scheduled access, restrictions, etc.)

Additional Children

Are you pregnant? Yes _____ No _____

If yes, when are you due? _____

If you have children who are not living with you please answer the following questions about each child on a separate sheet of paper:

1. Full name, age, sex and date of birth
2. Who has custody of this child? Give custody details
3. Do you have plans for this child to visit you at the Ramoth Apartments? If so, when and for how long? Explain where you will have the child sleep.
4. Describe any health, emotional or behavioral challenges this child faces.
5. List the name and contact information of any case workers/agencies providing services for this child.

Information on Biological Father(s) and/or Current Partner

If the biological father(s) and the current partner are different then please complete the questions on pages 9 & 10 on a separate sheet for each man.

Name: _____ Age: _____ D.O.B.: _____

Address: _____

Phone #: _____

Relationship to the child: _____

1. Does your child have an active relationship with this man? If yes, describe.

2. Does this man have a history of drug or alcohol use? If yes, describe.

3. Does he have a criminal history, outstanding warrants, court involved or on probation? If yes, describe.

4. Does he have a history of violence? If yes, describe.

5. Does he have mental health issues? If yes, describe.

6. Does he have a history with the Society as a child or as a parent? If yes, describe.

7. Are there limits on his access to child? Does he have access visits? If yes, explain

8. Additional Concerns: _____

Involvement with the Society (to be completed on a separate sheet of paper)

1. Do you have a history with the Society as a child? If so, summarize what you understand to be your family history with the Society and your childhood experiences with the Society.
2. Do you have a history with Society as a parent? If so, please explain what you understand to be the Society's concerns with your parenting or your situation in the past and in the present.
3. Please attach copies of any current agreements between you and the Society (e.g. Voluntary Agreements, Service Plan, Agreements from court).
4. Please have your social worker provide Ramoth with the following:
 - a summary of the client's childhood experiences & family history with the Society, if one exists
 - a summary of the client's history with the Society as a parent including the following details: past parenting styles, previous risk assessments & summaries of past parenting capacity reports and psychological assessments
 - a current risk assessment, and reason for referral, including the reason(s) why current living arrangements are not suitable.
 - a letter outlining specific limitations relating to your activities with the child as established by the Society. (e.g. limited to property, length of time off property, limited to in-town visits with family, access to child)

Additional Information

1. Provide photographs of any persons for whom access to the child is restricted or are considered to be violent or a threat to a person's safety.

Current Service Providers

Please give the name and contact numbers for the current service providers.

Public Health Nurse: _____

Doctor: _____

Probation Officer: _____

Counselor: _____

Other: _____

Family and Friends Contact Visitation List

Please list the people approved by the Society for contact the client/child (ren).
 Approved for: in-town visit, visits in the Ramoth Apartments, overnight visit,
 supervised access only, no access, length of visits). Use extra paper if needed.

Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	