

Accredited Supportive Living Services Limited

APPLICATION

Date: _____

Name:	Telephone:
Address:	
Date of Birth:	Personal Health Care #:
Social Insurance #	Treaty #

General Information:

Has anyone told you that you have a disability? **Yes** **No**

If yes, what type of disability do you have? _____

Have you been diagnosed with a mental illness? **Yes** **No**

Where does your money come from?

Employment _____ AISH _____ Social Allowance _____ E.I. _____ Other _____

Have you ever worked before? **Yes** **No**

If yes, what kind of work have you done?

Are you presently employed? **Yes** **No**

If yes, what is your employer's name?

What are your job duties:

If no, do you wish to work? **Yes** **No**

What education do you have?

Do you have a criminal record? **Yes** **No**

Have you had any concerns with the RCMP? **Yes** **No**

Health and Well-Being

Are you in good physical health?

Yes

No

Are you in good mental health?

Yes

No

If no, has your doctor told you that you have an illness?

Do you take medication?

Yes

No

If yes, what type?

Can you take your medication without someone helping you?

Yes

No

Emotions and Feelings

How do you usually feel from day to day?

I am happy _____ I can handle things okay _____ I often feel angry _____

I feel lonely _____ I often feel depressed _____ I feel worried or scared a lot _____

I wish I could handle things better _____ I feel suicidal _____

I have attempted suicide _____

If you get mad, are you likely to injure other people? **Yes** **No** **Maybe**

Have you had any major changes in your life this year? (Example: death of a loved one, move)

Personal Habits

Do you use alcohol?

Yes

No

If yes, how often?

Every Day _____

Whenever I'm with my friends _____

A few times a week _____

Once a month _____

Once a week _____

Hardly ever _____

Do you use drugs?

Yes

No

When you use alcohol or drugs, do any of these things happen?

People tell me I'm drunk _____

I miss work the next day _____

I get in fights _____

I get hurt _____

I get really sick _____

I can't remember what happened _____

Skills I Have Learned

Personal Hygiene:

Keeping clean, dressed neatly:

I do this best _____

I do this pretty good _____

I would like to learn to do this better _____

Preparing Meals:

Choosing what to eat, cooking meals:

I do this best _____

I do this pretty good _____

I would like to learn to do this better _____

I have never done this before _____

Buying Groceries:

Make a list, comparative shopping

I do this best _____

I do this pretty good _____

I would like to learn to do this better _____

I have never done this before _____

Household Skills

Doing laundry, vacuuming, dusting, washing dishes

I do this best _____

I do this pretty good _____

I can do some of this _____

I have never done this before _____

I would like to learn to do this better _____

Shopping:

Purchasing clothing, household items

I do this best _____

I do this pretty good _____

I can do some of this _____

I have never done this before _____

I would like to learn to do this better _____

Managing Money:

Using a bank, paying bills, writing cheques, budgeting

I do this best _____

I do this pretty good _____

I can do some of this _____

I have never done this before _____

I would like to learn to do this better _____

Living Situation:

Where are you living?

With a roommate _____

Room and Board _____

Support home _____

With my family _____ Group Home _____ Shelter _____

Other _____

Would you like to look for other living arrangements? **Yes** **No**

If yes, check which type:

_____ My Own Apartment	_____ With a Roommate
_____ Room and Board	_____ Living with my Family
_____ Group Home	_____ Other

How many times have you moved in the past year? _____

Do you have any family/friends/spouse that give you support?

Who	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Time Available:

Are you willing to set time aside to see a worker in your home or the ASLS office?	Yes	No
Every Day	A few times a week _____	
Once a week	Every now and then	
Only in Emergencies		

Comments:

Signature

Date

Submit completed form to: *Accredited Supportive Living Services*