

Linden Place

Residential Program

Box 129, Winkler, MB. R6W 4A4

Ph: (204) 325-9384 Email: housing@edenhealthcare.ca

INTAKE APPLICATION (To be completed by applicant)

Applicant's Name: _____ Date: _____

Address: _____

D.O.B. _____ MHSC No. _____ / _____

Phone Number: _____ Sex: Male Female

Marital Status: Single Married/Common-Law Separated/Divorced

Dependent Children: Yes _____ No _____

Current Sources of Income:

Social Assistance	<input type="checkbox"/>	S.A.#	_____	<input type="checkbox"/>
CPP Pension	<input type="checkbox"/>	Employment Insurance		<input type="checkbox"/>
Private Pension	<input type="checkbox"/>	Other Assets		<input type="checkbox"/>
None	<input type="checkbox"/>	Other		<input type="checkbox"/>

S.I.N. _____

Estimate of Monthly Income: _____

Do you have a psychiatric diagnosis? Yes No

Psychiatric Diagnosis: _____

Please explain your understanding of this diagnosis: _____

Date of onset of this problem: _____

Have you ever been hospitalized for a psychiatric problem? Yes No

How many times have you been hospitalized? _____

Do you have any other medical problems? _____

Name of Doctor: _____ Address: _____

Which services have you made use of?

<u>Mental Health Services</u>	Currently	In the Past
Community Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Therapist/Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Day Program	<input type="checkbox"/>	<input type="checkbox"/>
Self Help Programs/Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Program	<input type="checkbox"/>	<input type="checkbox"/>
 <u>Generic Community Resources</u>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>
General Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>
Child and Family Services	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Describe your present living environment: _____

Are you dissatisfied with your present living situation? Yes No

Why are you applying to this program? _____

Who are the people in your life that you have an ongoing relationship with?

<u>Person</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What kinds of activities do you do on a regular basis?

<u>Activity</u>	<u>How Often</u>
_____	_____
_____	_____
_____	_____
_____	_____

The Residential Program is designed to help individuals learn skills and connect with resources that will allow the individual success in choosing and maintaining a quality living environment. In what areas do you feel you would require assistance?

- Doing household activities
- Managing your money better
- Looking after your personal appearance
- Building relationships with others
- Being involved in activities
- Connecting with mental health services
- Using services in the community

In what areas could you contribute to the management of the household:

- | | | | | | |
|---------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| Cooking | <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | Laundry | <input type="checkbox"/> |
| Repairs | <input type="checkbox"/> | Groceries | <input type="checkbox"/> | Budgeting | <input type="checkbox"/> |

Other: _____

Highest level of schooling completed: _____

At what age? _____ Where? _____

Have you had any specialized vocational training? _____

Where? _____

Can you describe any work experience you have had in the past: _____

Do you feel that drug or alcohol abuse is currently a problem for you? Yes No

In what ways does it affect your life? _____

Do you have any concerns about living at Linden Place? _____

What are your plans for the future? _____

Signature: _____ Date: _____