



INTAKE FORM

DATE OF INTAKE:

FILE #:

Referral:

- 1. Self-Referral Mandated Pending Charges Other (Specify)
If referred, by whom
- 2. What is your reason for wanting to be in MAPS Transitional Housing:

** important during assessment and or screening**

- 3. Would you like to invite family members or natural support? Yes, No

Personal Information

- 4. Last Name: First Name: Middle:
- 5. Date of Birth: yyyy/mm/dd..... Age at last birthday: Place of Birth:
- 6. Social Insurance Number (SIN):
- 7. Country: Province: Territory:
- 8. Address: City/Town/Community: Province:
- 9. Postal Code: Phone #: Alternate Phone #:
- 10. Email Address: Preferred Method of Communication:
- 11. Gender Identity: Pronouns:
- 12. Females, any chance you are pregnant: Yes No If yes, how far along are you? Weeks
- 13. Emergency Contact Person (i.e. spouse, parent, sibling, social worker, etc.)
Name: Relationship:
Address: Phone#: Email:
- 14. Language preference

Financial Information

- 15. Are you able to pay a weekly fee of \$245.00? Yes, No
- 16. Current Source(s) of Income (CHECK ALL THAT APPLIES TO YOU) Employed EIA Family Other (Specify)
- 17. Name of worker(s) assisting you:

Current Living Situation

- 18. How long have you been staying unsheltered:



Sobriety

- 19. When did you have your last alcoholic drink(s)?
- 20. When did you last use drug(s)? If applicable
- 21. How long have you been sober?

AFFIDAVIT / SOLEMN AFFIRMATION / SOLEMN DECLARATION

I, [PRINT YOUR NAME] _____

[YOUR DOB]; (yyyy/mm/dd) _____

SOLEMNLY DECLARE AS FOLLOWS:

- I am competent to give the following declaration based on my personal knowledge.
- I have never been charged or convicted for offences of arson or any sexual offence.
- I understand making a false statement and or declaration regarding the said offences would render me ineligible to reside or continue to reside at the Phoenix Transitional House operated by Men Are Part of the Solution (MAPS) in Thompson, Manitoba.

The purpose for making this declaration was explained to me and I understand the consequences of making a false statement. I do make this solemn declaration honestly, believing it to be true and correct, knowing that it is of the same force and effect as if made under oath.

Applicant Signature: _____

Printed Name: _____

Date: (yyyy/mm/dd) _____

The aforesaid applicant says that the facts set forth in the above affidavit are true and correct and was solemnly declared in my presence at Thompson, Manitoba.

Witnessed; _____

Print Name: _____

Date: (yyyy/mm/dd) _____