A New Day Youth and Adult Services
2055 Meadowbrook Rd.
Ottawa, ON K1B 4W7
613.747.2223 • anewdayyas.com

APPLICATION FOR RESIDENCY
A NEW DAY YOUTH AND ADULT SERVICES

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APPLICATION FOR RESIDENCY

Applicant's Name:

_____

Application Date: _____(dd/mm/yyyy)

- Completion of this application assumes the candidate consents to allow the Referring Agency to provide the following information **in consideration for residency** at A NEW DAY.
- Referral forms must be filled out by the referring agency as complete and accurate as possible.
- A NEW DAY does not discriminate based on the responses provided on this form. Your candid, factual and complete responses assist us in proceeding with the referral process.
- Return the completed application with all the information that is requested. Information that in incomplete will delay processing. Completed applications may be emailed to wgee.anewday@gmail.com or fax it to **613-747-9110**.
- The referring agency will be contacted within 7 days of AND receiving the application.
- If possible, please submit a photo of the applicant with the application form.
- **Cell phones are not allowed in the residential program as well this is no social media allowed at any time while residing in the residential program.**

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

PROGRAM RESTRICTIONS

Please be advised that **AND** is not resourced to provide services for an applicant who meets any of the following conditions. We are unable to accept your candidate if she:

- is not ambulatory.
- is unable to self-manage.
- is a threat to herself or others.

PART 1 - REFERRING AGENCY

1.1. Agency Name: _____
1.2. Application Date: _____ (dd/mm/yyyy)
1.3. City: _____ 1.4. Province: _____
1.5. Contact Name: _____
1.6. Contact Phone: _____
1.7. Contact Email: _____
1.8. Alternative Phone: _____
1.9. Relationship with the applicant? _____
1.10. How long have you known the applicant? _____

PART 2 – APPLICANT'S GENERAL INFORMATION

2.1. Applicant's Last Name: _____
2.2. Applicant's First Name: _____MI: _____
2.3. Other names used: _____
2.4. Date of Birth _____ (mm/dd/yyyy)
2.5. Hometown City/Prov: _____
2.6. Phone: _____
2.7. Alternative phone: _____
2.8. Email: _____

Identification to support application if possible: Please photocopy and submit with application
(OHIP, SIN, Birth Certificate, Passport etc.)

2.9. Does the applicant have children? ◯ Yes ◯ No
2.9a. If yes, how many? _____
2.9b. Ages: _____
2.10. Custody? ◯ Yes ◯ No
2.11. Status of Children:
◯ With Father ◯ With Grandparents ◯ With Extended family ◯ Foster Care ◯ Adopted
◯ Other: _____
2.12. Children Protection Agency? ◯ Yes ◯ No
2.13. Visitation? ◯ Yes ◯ No

Please explain:

_____
_____
_____
_____
_____

PART 3 – THREAT ASSESSMENT

3.1. Has she been verified as a victim of human trafficking? ◯ Yes ◯ No
3.2. ◯ Sexual exploitation ◯ Other (please explain):

_____
_____

3.3. How recently was she in a trafficking situation?
Date: _____
3.4. Location:
◯ Massage parlor ◯ Strip club ◯ Online ◯ Street hotel/motel ◯ Private residence ◯ Street ◯ Shelter ◯ Other (Please explain):

_____
_____

3.5. Is her trafficker(s) still a threat to her? ◯ Yes ◯ No
Please explain:

_____
_____

3.6. Is she still in contact with her trafficker? ◯ Yes ◯ No
3.7. What was the relationship with her trafficker?
◯ Boyfriend ◯ Family ◯ Client ◯ Dealer ◯ Friend ◯ Employer ◯ Stranger
3.8. How did the applicant meet the trafficker?

_____
_____

3.9. How long have they known each other?

_____

3.10. Is there an open or pending case against her trafficker? ◯ Yes ◯ No
3.11. Is she currently (or recently) affiliated with a gang? ◯ Yes ◯ No
3.12. Which gang? _____
3.13. Where is the gang located? _____

3.14. Do they have a presence in Ottawa? ◯ Yes ◯ No
3.15. Is the applicant still in contact with the gang? ◯ Yes ◯ No
Please explain:

_____

_____

3.16. Are there current threats towards the applicant? ◯ Yes ◯ No
3.17. Are there dangerous people or gang members looking for the applicant? ◯ Yes ◯ No
3.18. Does she have a history of violence? ◯ Yes ◯ No
Please explain:

_____

_____

3.19. Is she a high flight risk? ◯ Yes ◯ No
Please explain:

_____

_____

3.20. Is the applicant in immediate danger? ◯ Yes ◯ No
Please explain:

_____

_____

3.21. Where is the applicant now?

_____

3.22. Where is the applicant currently living?

_____

3.23. Applicant's history of exploitation: (Please be as detailed as possible)

_____

_____

_____

_____

_____

_____

_____

_____

PART 4 - PHYSICAL HEALTH

4.1. Does the applicant have any medical concerns? ◯ Yes ◯ No

Please detail below:

a) _____

b) _____

c) _____

4.2. Is the applicant pregnant? ◯ Yes ◯ No Due date: _____

4.3. Does the applicant have allergies? ◯ Yes ◯ No

Please list allergies, reactions, medications:

a) _____

b) _____

c) _____

d) _____

4.4. Does the applicant have any special dietary requirements?

_____

_____

PART 5 MENTAL HEALTH

5.1. Does the applicant have any mental health concerns or conditions? ◯ Yes ◯ No

(If possible, send supporting documentation for confirmed diagnoses)

Undiagnosed:	Diagnosed:
a)	a)
b)	b)
c)	c)
d)	d)

5.2. Is she prescribed mental health pharmacology? ◯ Yes ◯ No

If yes, list all below:

a. _____

b. _____

c. _____

d. _____

e. _____

5.3. Does the applicant have suicidal ideation? ◯ Yes ◯ No

Incidents:	Dates:
a.	
b.	
c.	
d.	

5.4. Has the applicant been hospitalized for mental health ◯ Yes ◯ No

Incidents:	Dates:
a.	
b.	
c.	
d.	

5.5. Does the Applicant self-harm? ◯ Yes ◯ No

◯ Cutting ◯ Skin Picking ◯ Hair Pulling ◯ Burning ◯ Laxatives ◯ Disordered Eating
◯ Over Exercising
◯ Other: (Please explain)

_____

_____

5.6. Does the applicant experience hallucinations when sober? ◯ Yes ◯ No
5.7. Does the applicant experience seizures during withdrawals? ◯ Yes ◯ No
5.8. Does the applicant experience uncontrollable anger? ◯ Yes ◯ No
5.9. Does the applicant experience daily anxiety? ◯ Yes ◯ No
5.10. Has the applicant been formally diagnosed with a learning difference? ◯ Yes ◯ No
Please explain:

_____

_____

PART 6 – ADDICTION

6.1. Substance(s) used:

a.
b.
c.
d.
e.
f.

6.2. When was the substance(s) last used? Date: _____dd/mm/yyyy

6.3. Does the applicant have an active addiction? ◯ Yes ◯ No

6.4. Has the applicant been in detox? ◯ Yes ◯ No

When:	Where:
a.	
b.	
c.	
d.	

6.5. Has the applicant been in a recovery program before? ◯ Yes ◯ No

When:	Where:
a.	
b.	

6.6. Reason for leaving the treatment program:

◯ Program Completion ◯ Relapse ◯ Other: (please explain)

_____

_____

6.7. Is the referral on a maintenance drug?

◯ Methadone ◯ Suboxone ◯ Nabilone ◯ None

6.8. Additional information about the applicant's addiction, detox, and treatment:

_____
_____
_____
_____

6.9. Other Agencies involved:

Who:	Contact Information:
a.	
b.	
c.	
d.	
e.	

6.10. Police Involvement? ◯ Yes ◯ No

File #:	Contact:

PART 7 - LEGAL INVOLVEMENT

7.1. Is the applicant involved with the legal system? ◯Yes ◯ No

Please explain:

_____
_____
_____
_____

7.2. Is the applicant testifying against her trafficker? ◯Yes ◯ No
Projected date: _____ (dd/mm/yyyy)

7.3. List all convictions and outstanding charges against the applicant in chronological order:

a. _____

b. _____

c. _____

7.4. List all convictions against the trafficker(s) in chronological order:

a. _____

b. _____

c. _____

7.5. Is the applicant expected to appear in court? ◯Yes ◯ No

When? _____ (dd/mm/yyyy)

Why?

_____
_____
_____
_____
_____

7.6. Is the applicant on probation? ◯Yes ◯ No

Please attach a copy of the conditions to the applicant.

7.7. Does the applicant have a conditional sentence? ◯Yes ◯ No

Please attach a copy of the conditions to the applicant.

7.8. Has the applicant reported any offences? ◯Yes ◯ No

When? _____ (dd/mm/yyyy)

What was reported:

_____
_____
_____
_____

7.9. Do they want to submit a police report? ◯Yes ◯ No

7.10. Additional information and the applicant's legal involvement:

_____
_____
_____
_____
_____
_____

ACCESS TO INFORMATION

I authorize A New Day Youth and Adult Services to release and obtain information relative to my development, goal setting, case information, primary and mental health care, legal involvement, and personal wellbeing with the agencies/persons listed below. This permission remains effective until revoked by me in writing.

Applicant: _____

Applicants signature: _____

Witness: _____

Witness signature: _____

Executive Director approval: _____

Access to information (continued)

Date: _____ (dd/mm/yyyy)

Service Provider	Contact Name & Relationship	Phone & Email	Other Comments
Victim Services			
Outreach/Support Worker			
Child Protection Services			
Probation Officer			
Shelter/Housing Support Worker			
Physician			
Addiction Counsellor			
Mental Health Worker			
Police Services			
Other			

Please send completed application and supporting documentation to:
wgee.anewday@gmail.com or Fax to 613-747-9110