



Revised January 2024

APPLICANT INFORMATION

Federal **Provincial** **Community Client**

Applicant Name: _____ Date of Birth: _____
Last First YYY/YY/DD

Preferred Pronouns: _____ Contact Number: _____
(She/Her, He/Him, They/Them)

Current Address: _____

Referral Source:	<input type="checkbox"/> Self	<u>Provincial Staff</u>
	<input type="checkbox"/> E. Fry Staff	<input type="checkbox"/> Institutional Social Worker
	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Probation Officer
	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<u>Federal Staff</u>	
	<input type="checkbox"/> Institutional Parole Officer	
	<input type="checkbox"/> Community Parole Officer	
	<input type="checkbox"/> Other: _____	

Name of Referring Person: _____

Contact Information of Referring Person: _____

	<u>Federal</u>	<u>Provincial</u>	<u>Community Client</u>
Applying For:	<input type="checkbox"/> Day Parole <input type="checkbox"/> Voluntary	<input type="checkbox"/> Probation	
	<input type="checkbox"/> Full Parole <input type="checkbox"/> UTA	<input type="checkbox"/> Conditional Sentence	<input type="checkbox"/> Yes
	<input type="checkbox"/> Stat Release <input type="checkbox"/> ETA	<input type="checkbox"/> Provincial Parole	
		<input type="checkbox"/> TAP	

Date Bed Required for (Approximate): _____ Duration of Stay (Approximate): _____

Has the applicant resided at J.F. Norwood House in the past? Yes No If yes, when? _____

Potential Types and UTA/TAP: Day/Provincial Parole: Full Parole: Statutory Release: Warrant Expiry Date:

Release _____
Dates: _____

BACKGROUND INFORMATION

Why is the applicant applying to live at J.F. Norwood House?

Does the applicant have any community supports in the Ottawa area? If yes, please list name and agency.

Has the applicant ever lived within a shared space (i.e. a dorm setting with shared bathroom and kitchen)? What was this experience like? If the applicant comfortable living in a communal/shared environment?

ADDITIONAL INFORMATION

The applicant is a: Canadian Citizen Other (Please specify): _____
 Permanent Resident

Is the applicant Indigenous: No Yes (Please specify): First Nations Inuit Métis

If the above question was answered yes, does the applicant have a Section 84 Release Plan?
 No Yes (Please specify Indigenous community or service below)

Applicant's Source of Income: Self-Employed Pension
 Ontario Disability No Income
 Ontario Works Other: _____

Social Assistance Worker's Name & Contact Information:

Is the applicant in school? Yes If yes, where? _____

No Is this Full- or Part-Time? _____

Is the applicant employed? Yes If yes, where? _____

No Is this Full- or Part-Time? _____

How long have you worked there? _____

SENTENCE/LEGAL INFORMATION

Applicant's Parole/Probation Officer

Name: _____ Contact Info: _____

Applicant's Lawyer

Name: _____ Contact Info: _____

Current Charge(s)/Conviction(s) - the applicant is asked to share as much information as they are comfortable with:

Outstanding Charges or Warrants:

Identification of Prior Convictions - the applicant is asked to share as much information as they are comfortable with:

Does the applicant have any physical health concerns that we should be aware of? (i.e. Mobility limitations, chronic pain or an impairment). Please identify any current treatment and/or medication:

Does the applicant have a history of mental health issues, or have they been diagnosed with a condition? Please identify any mental health issues/diagnosis, treatment(s), and medication(s) that we should be aware of:

Does the applicant have a history of substance use? If so, please list substances. Include a brief history of current and/or past treatment interventions:

NEEDS AND GOALS

Please identify the applicant's needs (i.e. housing, identification, financial, doctor):

What are the applicant's goals for their first week at J.F. Norwood House?

PROGRAMMING

The Elizabeth Fry Society of Ottawa has Community Counsellors available to the residents of J.F. Norwood House. Many of the programs are offered in an individual and group basis. Please indicate if applicant will require any of the services below:

- Theft/Fraud Prevention
- Emotion Regulation
- Relapse Prevention
- Trauma/Grief

- Housing Retention and Support
- Child and Family Centre
- Court Support and Accompaniment

PERMISSION TO REVIEW ELIGIBILITY

I, _____, give the Elizabeth Fry Society of Ottawa permission to make inquiries and receive any required information specific to my residency at J.F. Norwood House to the persons/agencies listed below.

Reference(s) – Please provide a minimum of 2 references with names and contact info.

Probation/Parole Officer: _____

Social Worker: _____

Community Support: _____

Other: _____

If the applicant is accepted as a resident of J.F. Norwood House, they/you will be required to develop and abide by a Residency Agreement which includes J.F. Norwood’s house guidelines as well as a Residential Plan of Care. Is this something that would be suitable to the applicant/you?

- Agree Disagree

Applicant’s Signature	
Date	

Please note:

J.F. Norwood House is intended as transitional housing for criminalized women to bridge the gap between homelessness and independent living.

Priority is given to women who are homeless, women living in emergency situations, and women who are motivated to take steps towards positive alternatives with support from J.F. Norwood house and E. Fry staff.

ADMINISTRATION CHECKLIST - to be filled out by E. Fry staff

Has the Parole/Probation Officer provided recommendations regarding this application?

- Yes
- No

Has this application been approved for funding by CSC/SOLGEN?

- Yes
- No

Provincial Probation Officer has sent the following documents:

- Conditions of Release
- LSI-OR Sec J

Appropriate OMS documents have been printed and filed for federal applications:

- Criminal Profile Report
- Psychological/Psychiatric Report
- Correctional Plan
- Parole Board Decision (If Day Parole)
- Standard Profile
- Assessment for Decision
- Community Assessment
- Photo

PLEASE SEND APPLICATION AND APPROPRIATE DOCUMENTS TO:

Bri Hagmann (She/her)
Acting Manager of Residential Services
Elizabeth Fry Society of Ottawa
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Ottawa, Ontario
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