



APPLICANT INFORMATION

Federal Provincial Community Client

Applicant Name: Last First Birth Date: MM/DD/YYYY

Preferred Pronoun: Contact Number:

Current Address:

Referral Source: Self, E. Fry Staff, Community Agency, Lawyer, Other. Provincial Staff: Institutional Social Worker, Probation Officer, Other. Federal Staff: Institutional Parole Officer, Community Parole Officer, Other.

Name of Referring Person:

Contact Information of Referring Person:

Applying For: Federal (Day Parole, Full Parole, Stat Parole, Voluntary, UTA, ETA), Provincial (Probation, Conditional Sentence, Provincial Parole, TAP), Community Client (Yes)

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 Release Dates: Day/Provincial Parole, Full Parole, Statutory Release, UTA/TAP, Warrant Expiry Date

**BACKGROUND INFORMATION**

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

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

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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?

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**ADDITIONAL INFORMATION**

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

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

If the above question is answered yes, does the applicant have a Section 84 Release Plan? Please specify Indigenous community or service below:

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Applicant's Source of Income:  Self Employed  Pension  
 ODSP  No Income  
 Ontario Works  Other: \_\_\_\_\_

Social Assistance Worker's name and 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:

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Outstanding Charges or Warrants:

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

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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:

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

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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:

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### NEEDS AND GOALS

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

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

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### 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:

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|---|--|
| <input type="checkbox"/> Theft/Fraud Prevention | <input type="checkbox"/> Housing Retention and Support   |
| <input type="checkbox"/> Emotion Regulation     | <input type="checkbox"/> Child and Family Centre         |
| <input type="checkbox"/> Relapse Prevention     | <input type="checkbox"/> Court Support and Accompaniment |
| <input type="checkbox"/> Trauma/Grief           |  |

**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:**

**Cassandra Sloan**

***Manager of Residential Services***

Elizabeth Fry Society of Ottawa  
211 Bronson Ave, Suite 302  
Cassandra.sloan@efryottawa.com  
(P) 613-237-7427 Ext. 111  
(F) 613-237-8312  
(C) 343-543-6581