

Intake Form- OASIS OF HOPE

This is a readable form only and should not be completed online as it does contain private and sensitive information. Your intake worker will assist you in completing the form during your assessment interview.

Date of Birth: *

MM /DD/ YYYY

First Name*

Last Name*

Address: *

Country Address Line 1*

Address Line 2

City*

Province*

Postal Code*

Email Address: *

Home/Cell Phone: *

How Did You Hear About Oasis of Hope?

PLEASE NOTE: if the interviewer should have any concerns for the safety, health and wellbeing of any or all parties involved, Oasis of Hope residential facility RESERVES THE RIGHT to contact The Children's Aid Society (CAS) if they are not already involved in your situation

PLEASE NOTE: DUE TO LIABILITY, OASIS OF HOPE INTERNATIONAL RESERVES THE RIGHT TO DECLINE ALL INTERVIEW/APPLICATIONS IF THE APPLICANT DISAGREES WITH THE ABOVE STATEMENT DUE TO THE SAFETY AND WELL BEING OF ALL PARTIES INVOLVED.

I Have Read and Understand the Above Statement.

I Have Read the Above Statement and Would Like Additional Information.

Please select all that apply*

Pregnant (Currently Pregnant)

Parenting (Living on My Own)

Parenting (Living with Partner, Parents, Friend, Shelter, Support Person)

Child(ren) in CAS Care (Child Has Been Apprehended)

Child(ren) in Kincare (Living with a Family Member)

Other

Pregnancy Confirmed: *

Yes

No

Due Date: (if Applicable) is the Child's Father Involved? *

Yes

No

Are You Currently Dating Someone Who is Not the Child's Father? *

Yes

No

Do You Have a Relationship with Your Parents? *

No

Yes

Do You Have Extended Support? *

No

Yes

Supports/Agencies Involved:

Pregnancy Centre

Public Health

Mental Health

Midwife/Doula

CAS

Parenting Support

Church Affiliation

Social Worker/ Intake Worker/ Counsellor

Other

Previous CAS Involvement: *

No

Yes

Referral Source: (AGENCY AND PERSON) AND REASON/CONCERNS FOR REFERRAL:

Do you have other children in YOUR care? *

No

Yes

Do you have other children NOT in YOUR care? *

No

Yes

Current Housing Situation: *

Have You Ever Lived on Your Own? What Was This Situation Like? *

Source of Income: *

Highest Level of Education Completed: *

Are you employed? *

Yes

No

Are You Willing to Have a Criminal Record/Police Record Check Completed 16+: *

Yes

No

Please Note: Due to Liability Concerns and the Safety and Well Being of All Parties Involved, Oasis of Hope Reserves the Right to Decline the Applicant's Interview/Application for Admission if the Applicant Chooses to Decline to Have a Criminal Record/Police Record/ Background Check Completed.

Do You Have a Criminal Record? *

No

Yes

Are You Currently on Probation? *

No

Yes

Do you have any outstanding court dates?

Yes

No

Do You Currently Struggle with Substance Abuse? *

No

Yes

Drugs

Alcohol

Other

Have You Struggled with Substance Abuse in the Past? *

No

Yes

Drugs

Alcohol

Other

How long have you been sober?

Do you smoke? *

No

Yes

Do You Have Any Allergies? Food, Medications, Environmental, Clothing or Other Allergens? If Yes, Please Explain what Kind of Reaction Do You Experience if Exposed to the Listed Allergens? Do You Require Any Special Diet?

Yes

No

Are There Any Health Concerns or Any Other Concerns That We Should Be Aware of?

Yes

No

Are There Any Legal Concerns You Feel We Should Know About?

Yes

No

Please List 7 Reasons Why You Think That Oasis of Hope is the Right Place for You?

What Goals Do You Hope to Achieve While Being a Resident at Oasis of Hope? *

What Areas of Your Life Do You Feel You Require Support? I.e.: Educational Goals, Health, Relationships, Finances, Diet, Wellness*

Is There Any Additional Information That Would Like to Provide to Assist Our Intake Personnel in the Decision of Your Intake/Acceptance Process?

Do you know any of our past/current guests? *

Yes

No

Have You Lived/visited in a Residence That Has Had Bed Bugs Within the Past 6 Months? *

Yes

No

Have You Had Head Lice or Has Anyone You Lived with Had Head Lice in the Past 9 Months?

No

Yes