

Wilma's Transition Society *Housing Application Form*

The overall goal of our Housing program is to allow women to become independent and self-sufficient by encouraging them to make their own choices, arrange for their own needs, access community resources and become involved with their communities. We believe that it is essential to create a positive environment of empowerment to nurture and support women to take control of their own lives and encourage them to make positive choices for themselves and for their children.

The goals of Wilma's Transition Society housing include:

- The development of life skills and promotion of a healthy living style.
- The provision of individual and group support sessions that will provide education in practical problem solving and personal conflict resolution.
- To provide legal advocacy, referrals to Community resources.
- Support groups are offered to enhance life skills, self-discovery and increase knowledge and understanding of the dynamics and effects of family violence.

RULES AND SERVICES INCLUDE THE FOLLOWING:

- No drugs or alcohol (including marijuana)
- No violence or abusive language
- No adult males
- Participation is optional in support groups
- Living areas must be kept clean and tidy
- Transportation is not available.
- The facility is approximately a 2-minute walk away from the nearest bus stop.
- Must have a respectful attitude towards other tenants and belongings.

We do not have 24-hour staffing. Staff are available Monday through Friday, between 8:00 a.m. and 4:30 p.m. Support Workers are accessible at the Transition House 24 hours.



P.O. Box 2025, Sardis Station Main
Chilliwack, BC, V2R 1A5
Administrative Office: 604-824-0939 **Fax:** 604-824-0937

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The Following information is confidential. It will be part of determining eligibility for placement. If you are referring a woman, we recommend that the woman you are referring, sign a release of information form, so a support worker can tell staff why this woman is being referred. Identification is required for applicants (ie: birth certificate, medical card, driver's license, etc.)

Applicant information

Applicant name: _____

Applicants date of birth: _____

Date of Application: _____

Applicants personal phone number: _____

Social insurance number: _____

Emergency contact name/number: _____

Referral information

Name of referral organization: _____

What date will your stay come to an end(if at a transition house): _____

Referral phone number: _____

Personal Information

Previous Address:



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What is your source of income? (check all that apply)

- Employment \$ _____
- Student Loans \$ _____
- Income Assistance \$ _____
- Child Tax \$ _____
- Child Support \$ _____
- Other (please describe) \$ _____

What is your monthly take home income?

\$ _____

Do you own and/or have regular use of a vehicle?

YES NO

Additional Information

What (if any) supportive agencies are you and/or your children involved with?

- MCFD **worker name/office:** _____
- Xyolhemeylh **worker name/office:** _____
- Immigration worker
- Multicultural worker
- Counselor/psychologist **name of worker:** _____
- Legal aid **name of lawyer:** _____
- Children who witness abuse
- Employment counselor
- Other(Please Specify) _____

Do you have a family doctor? If yes, name and contact information



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Do you have emotional support?

Briefly describe your family background/history:

Please describe your experience(s) with abuse:

Issue	Yes/No	What type?	Length of time using	Length of time clean
Alcohol				
Drugs				
Depression				
Mental Health				
Suicide				



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Are you aware that you must abstain from all forms of substance abuse while you are living at our house? _____

Have you ever been hospitalized as a result of mental health problems?

We have optional programming 1 day a week for two hours a day. Would you be willing to attend?

Have you ever lived in a communal setting? _____

Do you have any concerns with communal living?

Is there any additional information that we should know about you?

All applicants are required to complete an interview with a Wilma's Transition Society support worker and/or executive director. At the time of the interview applicants will be given a tour of our facility.

****Transportation to the interview will be the responsibility of the applicant****

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Email: admin@wilmas.org



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Wilma's Transition Society
Authorization to Release/Obtain Information

I, _____, hereby authorize
(Name of client/resident)

(Name of organization/agency from which information is required)

to release relevant information concerning myself and, if applicable, minor children.

(Name of minor children)

(Name of minor children)

To **Wilma's Transition Society** for the purposes of referral, admission, counseling and support.

Client Name

Client/Resident Signature

Date