



Aboriginal Mother Centre Society – Transformational Housing

2019 Dundas St. Vancouver BC V5L 1J5

T: (604) 558-2627 F: (604) 558-2628

**Transformational Housing Application.**

**Applicant information**

**Applicant Full name:** \_\_\_\_\_  
(Last name) (Middle name) (First name)

**Maiden name if applicable:** \_\_\_\_\_ **D.O.B :** \_\_\_\_\_  
(DD/MMM/YYYY)

**Are you of Aboriginal Descent:** Yes or No, *if yes, please fill out the below information.*

**Are you:** Status Non-status Metis Inuit **Nation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail :** \_\_\_\_\_

**Other: Message contact name and phone number:** \_\_\_\_\_

**Best way to contact you:** Phone Cell E-mail Other

**Where are you currently residing?** Home, Shelter, with family or couch surfing.

**Address where you are currently residing:**

**Address:** \_\_\_\_\_

**City, Prov.:** \_\_\_\_\_

**How long have you been at your current address?** \_\_\_\_\_

**Are you currently pregnant?** Yes or No **If yes, when are you due?:** \_\_\_\_\_  
(DD/MMM/YYYY)

**Medical Practitioner 's verification provided?** Yes or No

**Do you currently have ministry involvement?** Yes or No

*if yes, please fill out the information below.*

**Are you involved with:** VACFSS or MCFD

**Social Worker name:** \_\_\_\_\_  
(First name) (Last name)

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**When did you first become involved with a social worker?**  
\_\_\_\_\_

**Are you on a supervision order?** Yes or No **or are you on a Safety plan?** Yes or No

# Children information

**Child #1** \_\_\_\_\_  
(Last name) (middle name) (Last name)

**D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Are there any health issues with child?** Example: Disability, Wheelchair, or Health problem?

\_\_\_\_\_

**Does Child reside with Mother?** Yes or No

**Is Child in care?** Yes or No

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**Child #2** \_\_\_\_\_  
(Last name) (middle name) (Last name)

**D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Are there any health issues with child?** Example: Disability, Wheelchair, or Health problem?

\_\_\_\_\_

**Does Child reside with Mother?** Yes or No

**Is Child in care?** Yes or No

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**Child #3** \_\_\_\_\_  
(Last name) (middle name) (Last name)

**D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Are there any health issues with child?** Example: Disability, Wheelchair, or Health problem?

\_\_\_\_\_

**Does Child reside with Mother?** Yes or No

**Is Child in care?** Yes or No

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**Source of monthly Income:** Income assistance PWD Employment insurance (EI) Work Child tax

**Total Monthly income not including child tax:** \_\_\_\_\_

**If applicable, location of income assistance office:** \_\_\_\_\_

**Substance use:** Please indicate last date of use DD/MMM/YYYY

Alcohol _____	Sleeping Medication: _____
Cocaine/Crack: _____	Tranquillizers: _____
Cannabis: _____	Crystal Meth: _____
Heroin/Morphine: _____	Methadone: _____
Other: _____	

Substance use is not permitted on AMCS and Transformational Housing premises. Women who are currently struggling with substance misuse cannot be accepted into our program. Applicants must be a minimum of 3 months clean and sober.

**Do you have any concerns about living at AMCS Transformational Housing?**

For example. Group living, location, no visitors upstairs, no males upstairs, housing is temporary, curfew and having to participate in 3 programs each week. Etc.

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**Legal History**

**Do you have any pending criminal charges?** Yes or No

If yes, what are your charges? \_\_\_\_\_

**Do you have any pending warrants out for your arrest?** Yes or No

If yes, please explain: \_\_\_\_\_

**Have you been incarcerated in the last 24 months?** Yes or No

If yes, please explain: \_\_\_\_\_

**Are you currently on probation?** Yes or No

If yes, please explain when probation started and ends: \_\_\_\_\_

**Probation officer name:** \_\_\_\_\_

**Probation officer phone number:** \_\_\_\_\_

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**Rereferring Agency:** \_\_\_\_\_

**Name of person whom is referring applicant:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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**Please read and sign this statement:**

I understand that this application does not constitute any agreement on the part of Aboriginal Mother Centre Society (AMCS) to provide me with Transformational Housing (TH). I hereby certify that the information given in this application is true, correct and complete to the best of my knowledge and documented, if so required by AMCS. I understand that it is my responsibility to advise AMCS-TH of any changes to the information given above.

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Applicant Signature

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Date