

## APPLICATION FOR RESIDENCE

### The Application Process

1. Complete this application. If able, please also include a letter of introduction outlining your release plans. For example, your short term and long term goals for employment, schooling, volunteering, etc., as well as your relationship goals and how you will spend time outside of work. If possible, send copies of support letters (from an employer, family and / or friends, and other supports).
2. Return the application to SLSH's Administration Office – 73 Robert Street, Hamilton, ON, L8L 2P2
3. As soon as possible, a representative of The St. Leonard's Society Hamilton will visit you in person. Please continue to inform the representative of any changes to your release plans, changes in institutions and any major behavioural concerns.
4. Once you put in your Parole release plan papers, a Community Assessment / Strategy will be initiated by your Parole Officer.
5. Following receipt of the Community Assessment/Strategy, The Community Assessment Team will then meet to consider you for the program. The decision will be:
  - a. Support for UTA and/or DP; support FP support SRr or SRv.
  - b. Not to Support
  - c. Unable to make a decision (usually due to incomplete information e.g. programs outstanding).

If further information is required, please contact The St. Leonard's Society of Hamilton at the above address.

Please fill out the application completely. Throughout the application you will have to circle and write responses. Please circle Y for Yes, N for No. Feel free to write additional information on the back of the page.

CLINTON HOUSE RESIDENCE  
24 Emerald Street South  
Hamilton, Ontario L8N 2V2

TEL: 905-529-8494  
FAX: 905-529-2254

ROBERT STREET RESIDENCE  
73 Robert Street  
Hamilton, Ontario L8L 2P2

TEL: 905-572-1150  
FAX: 905-572-9152

**Personal Information:**

Name: \_\_\_\_\_ FPS: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Security classification: Max Med or Min  
 Date of Birth (day-mo-yr): \_\_\_\_\_ Age: \_\_\_\_\_  
 PO: \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Deportable: Y or N Ethnicity: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Dependants (#): \_\_\_\_\_  
 Address in the community: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Address: \_\_\_\_\_

**Contacts in Hamilton, Burlington, Milton or Oakville Area:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Current Offence Information:**

Current Offence:  
 \_\_\_\_\_  
 \_\_\_\_\_

City Offence occurred: \_\_\_\_\_ Current Sentence: \_\_\_\_ Years \_\_\_\_ Months  
 Date of Arrest: \_\_\_\_\_ Date Sentence Commenced: \_\_\_\_\_

**Previous Criminal History**

Offence	Length of Sentence	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other convictions:

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Do you have any outstanding charges? Y or N

Please list: \_\_\_\_\_

Dates for Release

Eligibility date:

Day Parole:	_____
Full Parole:	_____
Statutory Release:	_____
Warrant Expiry date:	_____
LTSO:	_____

Do you have any gang associations: Y or N If yes, please list: \_\_\_\_\_

Have you ever served with the Armed Forces: Y or N

**Health information:**

In the chart please indicate Y or N next to any conditions you have and then explain on the side

Condition	Y or N	Please explain
Life threatening allergies		
Dietary needs (halal, lactose intolerant, etc.)		
Mobility issues		
Diabetes		
Epilepsy or Seizure disorder		
Heart conditions		
HIV or AIDS		
Hepatitis		
List any other health conditions		

Please list any current medication: \_\_\_\_\_

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Do you have any diagnosed mental health concerns? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Do you have any self-reported mental health concerns not diagnosed by a health professional?

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Do you have a substance abuse issue (non-prescription drugs or alcohol)? Y or N

Please indicate any substances you have used two years **before** incarceration:

\_\_\_\_\_

\_\_\_\_\_

Please circle if you have your: Birth Certificate Health Card Driver's License SIN Number

**Other Information:**

Do you have any correctional programs you need to complete? Y or N If Yes, please list:

\_\_\_\_\_

Please state last grade you completed: \_\_\_\_\_

Have you worked before? Y or N If so, what did you do:

\_\_\_\_\_

\_\_\_\_\_

Please state your reasons for applying to The St. Leonard's Society of Hamilton:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state your plans for when on release:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle what you need support with: Budgeting / Medication Housing / Getting Identification /  
Finding employment / Substance Use Support / Mental Health Support

Thank you for taking the time to complete this application.