



## **St. Leonard's Society of Hamilton**

**Robert Street Residence - "Place of Transition"  
Emerald Street Residence - Treatment Centre**

**Phone: (905) 572-1150**

**Fax: (905) 572-9152**

**Mailing: 73 Robert Street, Hamilton, Ontario L8L 2P2**

### **THE APPLICATION PROCESS**

1. Complete Part 1 of this application (next page).
2. Give Part 1 and Part 2 to your C.O. who will complete Part 2 and return both parts to St. Leonard's Administrative Office -73 Robert Street.
3. As soon as possible, a representative of St. Leonard's Hamilton will visit you in person.
4. Once you have put in your Day Parole papers at the Institution, a Community Assessment will be initiated.
5. The House Assessment Team will then meet to consider you for the appropriate program. The decision will be:
  - A) Support for UTA and/or Day Parole; support FPr; Support SRr or SRv;
  - B) Not to Support;
  - C) Unable to Make a Decision (usually due to incomplete information e.g. programs outstanding).
6. If further information is required, please contact St. Leonard's Society of Hamilton at the above address.

**Application for Residence -Part 1 -To be completed by Client**

**I am applying for** (select either Robert Street or the Treatment Centre; and Greenbyte if applicable):

1. St. Leonard's Robert Street Residence
2. St. Leonard's Treatment Centre
- And/or 3. Greenbyte Computer Technology Training Program

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Name: \_\_\_\_\_ FPS# \_\_\_\_\_ Institution: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ C.O.: \_\_\_\_\_ L.U. \_\_\_\_\_

Country of Origin \_\_\_\_\_ Citizenship \_\_\_\_\_ Deportable:  YES  NO

Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_ S.I.N.# \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Current Offense: \_\_\_\_\_

Place of Offense: \_\_\_\_\_ Current Sentence \_\_\_\_\_  
YRS. MTHS.

Date of Arrest: \_\_\_\_\_ Date Sentenced Commenced: \_\_\_\_\_

Previous Criminal History \_\_\_\_\_

List Outstanding Charges (if any): \_\_\_\_\_

Explain: \_\_\_\_\_

Special Needs (e.g. Diet, medical, etc.): \_\_\_\_\_

Do you have a drug problem?  YES  NO Do you have an alcohol problem?  YES  NO

Have you ever been in treatment for either a drug or an alcohol problem?  YES  NO

Explain: \_\_\_\_\_

Education (List your last grade completed in School, Trades, Special Courses, etc.) \_\_\_\_\_

Do you have proper Identification (e.g. Birth Certificate, SIN, Driver's License, Health Card)?

YES  NO

Are you applying to other Centres?  YES  NO. If yes, list: \_\_\_\_\_

*I have read, understand, and agree to abide by the House Rules. If accepted, I authorize The St. Leonard's Society of Hamilton to obtain information that may be appropriate and applicable to this application. The information in this application is true and I hereby make application for residency to The St. Leonard's Society of Hamilton.*

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Application for Residence -Part 2 -CMT Response Sheet**

The St. Leonard's Society of Hamilton operate two residential centres: 24 Emerald Street is a 28 bed Substance Abuse Treatment Centre, 73 Robert Street is a 20 bed Place of Transition. The Residents' location is made by the Director based on personal suitability and space availability.

Case Manager: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ FPS# \_\_\_\_\_

Dates for Release	Eligibility Date	Probability Date
A) T.A. to House	_____	_____
B) Day Parole	_____	_____
C) Full Parole	_____	_____
D) Statutory Release	_____	_____
E) Warrant Expiry Date	_____	_____

**Institutional History**

a) Behaviour: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Education/Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Other Programs (completed or required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment of Plans on Release:**

a) Needs: \_\_\_\_\_  
\_\_\_\_\_

b) Concerns: \_\_\_\_\_  
\_\_\_\_\_

c) Recommendations and Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Please forward the CMT Response Sheet with the signed Application to The St. Leonard's Society of Hamilton, 73 Robert Street, Hamilton, Ontario, L8L 2P2. Thank you.*