

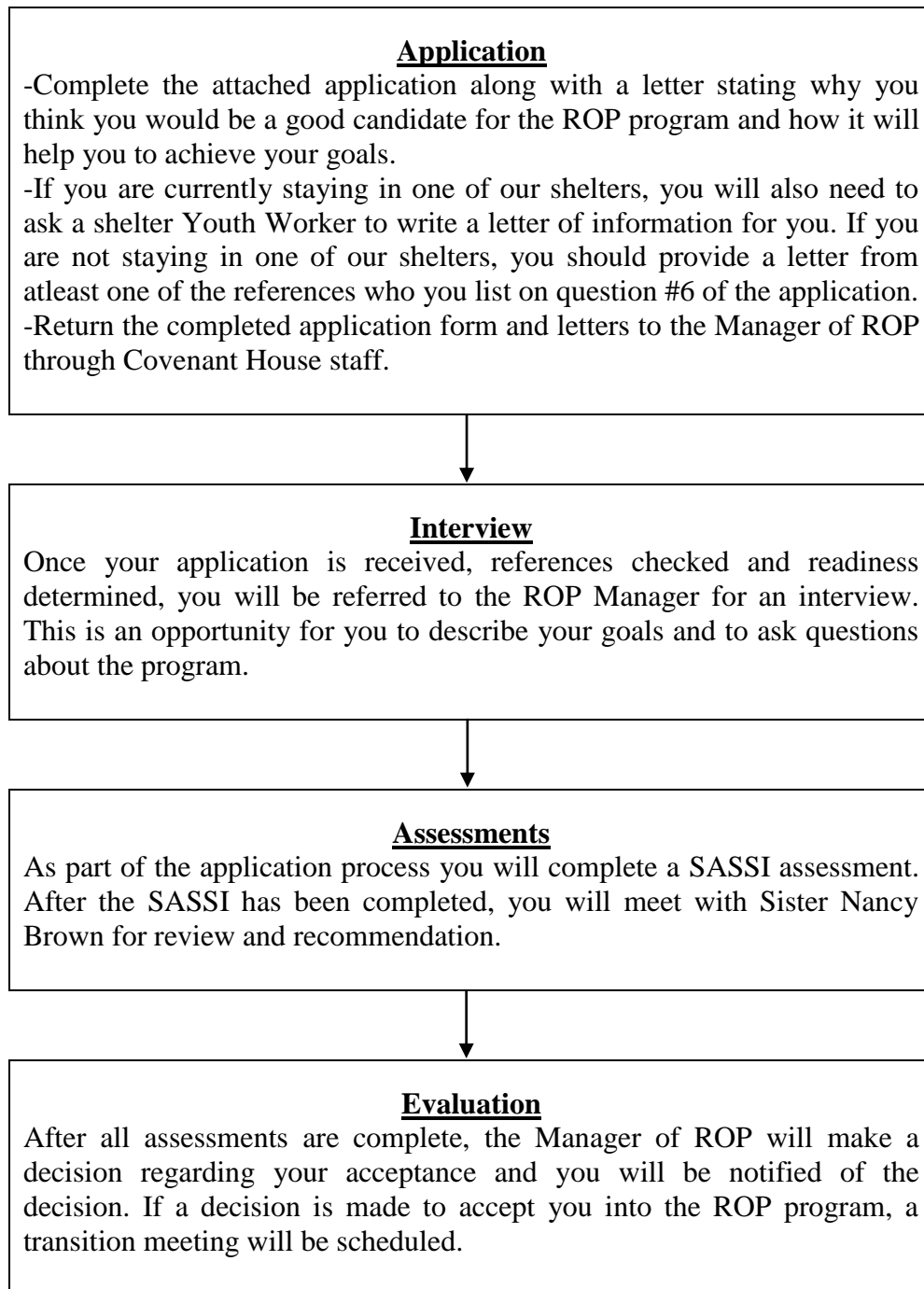


Rights of Passage Program Application Form

Name of Applicant: _____

CHV Shelter Resident: Yes / No

Thank you for attending the Orientation session and for choosing to take this step in your journey towards independence! Following is an explanation of how the application process works and attached is the application form we need you to complete to start the process.



If you have any questions along the way, or if your circumstances change, please don't hesitate to contact a staff member at ROP at 604.647.4480. Good Luck!

Application for Rights of Passage

Please complete this form honestly and to the best of your ability. If you are unsure about a question, make your best effort at answering.

Name: _____ Date of Birth _____ Age: _____

Address: _____ Postal Code: _____

Telephone: _____ Msg #: _____ Email: _____

Gender: () Male () Female () Transgender

1. What is your current housing situation?

2. Are you currently working? Y / N

a. If so, where? _____

b. How long have you worked there? _____

c. # of hours per week: _____

d. \$ per hour: _____

3. If you are not working, what is your monthly income source?

4. Are you currently in school or attending job training?

a. If so where? _____

b. When did it start? _____

c. When does it finish? _____

5. Are you involved with any service agencies in Vancouver? If yes please list:

Agency: _____ Contact: _____

Agency: _____ Contact: _____

6. Please list 2 personal references (*Social Worker / Teacher / Counselor / Doctor / Family Member / Employer*), who are familiar with your current situation and would support your application for the Rights of Passage program. **Please include at least 1 letter from a reference listed below.**

Name: _____ Relation to you: _____ Phone: _____

Name: _____ Relation to you: _____ Phone: _____



Covenant House Vancouver
575 Drake Street
Vancouver, BC V6B 4K8
Tel: 604-647-4480
Fax: 604-647-4484
www.covenanthousebc.org

PRIVACY COMMITMENT TO CLIENTS OF CHV

Please read the following information carefully before signing. If you have any questions or concerns about this information we encourage you to ask the staff person that is conducting your orientation/interview, you may also ask to speak with our Privacy Officer.

The personal information we collect from you on this application is for the purpose of evaluating your eligibility for admission to the Rights of Passage program and assessing the level of services required.

Covenant House Vancouver respects and protects your privacy. Our commitment to you is that at no time will we unnecessarily share any information with outside parties that could put your privacy at risk.

If you wish to read our privacy policy you may request a copy or read it from our website at www.covenanthousebc.org.

I, _____, have read and understand the preceding statement and consent to allow Covenant House Vancouver to collect and access my personal information for the above mentioned purposes.

Client Signature

Date

CHV Staff

Date

