



Cornerstone
Community Association Durham Inc.

133 Simcoe Street South
Oshawa ON L1H 4G8
Ph 905-433-0254 Fax 905 433-1381

ADMISSION APPLICATION FOR RESIDENCY

PLEASE COMPLETE ALL TWO PAGES OF THIS APPLICATION ACCURATELY AS INCOMPLETE DATA WILL RESULT IN DELAYS. THANK YOU.

GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____ FPS: _____
 DD MM YR

HAVE YOU APPLIED TO CORNERSTONE IN THE PAST? _____ IF SO WHEN: _____

SENTENCE INFORMATION

PRESENT INSTITUTION: _____

LENGTH OF SENTENCE: _____

CURRENT OFFENCE(S): _____

PRIOR CRIMINAL HISTORY: _____

FIRST TIME FEDERAL OFFENDER (PLEASE CIRCLE) YES NO SECOND TIME: YES MORE

D.P.E.D. _____ F.P.E.D. _____

S.R.D. _____ W.E.D. _____



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ADMISSIONS APPLICATION FOR RESIDENCY

HEALTH STATUS

CONDITION OF HEALTH: _____

SPECIAL PROBLEMS/NEEDED TREATMENT: _____

SUPPORTS

CITY IN WHICH YOUR PRIMARY SUPPORTS ARE LOCATED: _____

PROGRAMMING

PROGRAMS COMPLETED: _____

INSTITUTIONAL BEHAVIOUR

EXEMPLARY

GOOD

SATISFACTORY

NEEDS IMPROVEMENT

I AUTHORIZE CORRECTIONAL SERVICES OF CANADA AND THE NATIONAL PAROLE BOARD TO RELEASE MY OFFENDER INFORMATION TO CORNERSTONE COMMUNITY ASSOCIATION.

SIGNATURE

WITNESS

DATE