Cornerstone
Community Association Durham Inc.
133 Simcoe Street South Phone: 905-579-9323
Oshawa ON L1H 4G8 Fax: 905 433-1381

ADMISSION APPLICATION FOR RESIDENCY

PLEASE NOTE THIS APPLICATION IS ONLY A FIRST STEP TO ACCEPTANCE.

A COMMUNITY ASSESSMENT NEEDS TO BE SUBMITTED TO THE DURHAM PAROLE OFFICE TO GAIN SUPPORT FROM THE CRF.

GENERAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____/ FPS: _____
DD MM YEAR

SENTENCE INFORMATION

Current Institution: _____ Length of Sentence: _____

Parole Officer: _____ Is this your first federal sentence? Yes ☐ / No ☐

Current Offence(s):	Please list the following dates if applicable: Day Parole Eligibility Date: _____ Full Parole Eligibility Date: _____ Statutory Release Date: _____ Warrant Expiry Date: _____ LTSO Expiry Date: _____
What type of release are you applying for? ☐ Day Parole ☐ ETA ☐ Statutory Release ☐ Full Parole ☐ UTA ☐ LTSO with Residency	Do you have a PBC hearing scheduled? Yes ☐ / No ☐ If yes, please list the date: _____
Outstanding Program Requirements:	Programs Completed:
Please rate your institutional behaviour: Perfect ☐ Good ☐ Okay ☐ Needs Improvement ☐	

Cornerstone
Community Association Durham Inc.
133 Simcoe Street South Phone: 905-579-9323
Oshawa ON L1H 4G8 Fax: 905 433-1381

ADMISSION APPLICATION FOR RESIDENCY

The questions in this section help us identify areas that you may need support with upon release.

MENTAL HEALTH

Have you ever been diagnosed with a mental health disorder? Yes ☐ / No ☐ If yes, please list below:
Do you have any current concerns with your mental health? Yes ☐ / No ☐ If yes, please describe:
Are you interested in being connected to mental health supports when you are in the community? Yes ☐ / No ☐

PHYSICAL HEALTH

Have you ever been diagnosed with a physical health condition? Yes ☐ / No ☐ If yes, please list below:
Do you have any current concerns with your physical health? Yes ☐ / No ☐ If yes, please describe:
Are you currently taking any medications? Yes ☐ / No ☐ If yes, please list below:
Do you have any accessibility needs? Yes ☐ / No ☐ If yes, please describe:

Cornerstone
Community Association Durham Inc.
133 Simcoe Street South Phone: 905-579-9323
Oshawa ON L1H 4G8 Fax: 905 433-1381

SUBSTANCE USE

Do you have a history of substance abuse? Yes ☐ / No ☐ If yes, please list which substance(s):
Have you ever accessed support for your substance use (ex. NA/AA, treatment facility, suboxone, etc.)? Yes ☐ / No ☐ If yes, please describe:
Are you interested in being connected to substance abuse supports when you are in the community? Yes ☐ / No ☐

RELEASE PLAN

Please list your community supports below (Name, Relationship, Address):
Please briefly describe your release plans if you were to be accepted to our facility.

Cornerstone
Community Association Durham Inc.
133 Simcoe Street South Phone: 905-579-9323
Oshawa ON L1H 4G8 Fax: 905 433-1381

RELEASE OF INFORMATION

I, _____ understand that the Durham Community Assessment Team reviews all applications for residency. I authorize the release of my correctional files to Cornerstone Community Association's Community Residential Facility (CCA-CRF) for the purpose of review by the Durham Community Assessment Team.

Signature of Applicant: _____ **Date: _____**