



## Federal Application Package

This Application should contain: Application for Admission, pages 1-4

Please ensure you have done the following prior to returning your application to Cody Centre, Gallagher Centre, or Maison Louise Arbour (MLA) Centre.

HAVE YOU:

- Completed the Application for Admission Form to the best of your knowledge?
- Completed and signed the Consent to Release of Information Form?
- Provided your C.M.O. with the form for Case Management Team Decision and Comments?
- Read carefully the Rules and Expectations?
- Read carefully the Program Components?
- Read carefully the Level Criteria and Pass Privileges?
- Completed the Declaration and Waiver Sheet, signed and dated it with a witness?

If you answer "yes" to each of these items and are prepared to enter a very structured environment for your Parole, then please mail this application to:

**INTAKE COORDINATOR  
CODY CENTRE  
108 KING EDWARD AVENUE  
LONDON, ONTARIO  
N5Z 3T1**



## Application for Admission

**PLEASE PRINT**

Name: \_\_\_\_\_ F.P.S.# \_\_\_\_\_

Institution: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case Management Officer: \_\_\_\_\_

Present Conviction(s):	Date Charged	Date Started	Sentence

Day Parole eligibility: \_\_\_\_\_

Full Parole eligibility: \_\_\_\_\_

Statutory Release Date: \_\_\_\_\_

Were your offences committed in London? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding warrants or charges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of previous convictions: (Please list the most recent first)

Conviction	Location	Sentence	Dates

Have you been on any type of community supervision (such as Parole, Half-way House)? If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PERSONAL HISTORY:**

Do you feel you have or have had in the past a problem with drugs or alcohol? Yes \_\_\_ No\_\_\_

Have you received treatment for problems with drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a psychiatric or psychological assessment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in counselling? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Please provide details if you have a medical condition that could be health or life threatening: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL HISTORY:**

Highest grade completed \_\_\_\_\_ Year: \_\_\_\_\_

Other courses or trade certification completed: \_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY**

Please indicate concerns in your family up bring: (ie. substance abuse, learning disability, physical abuse, etc.):

\_\_\_\_\_

Married/CL \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

# Previous separations/divorces \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Partner's Address & Telephone #: \_\_\_\_\_

\_\_\_\_\_

# children & their ages: \_\_\_\_\_

Next of Kin (other than your partner) and Relationship: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_



**Community Contacts in the London Area:**

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**RELEASE PLANS:**

Have you lived in the London area before? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to live in London? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your release plan? Please identify your program needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INFORMATION**

I have completed this form as completely and honestly as I can. I authorize the Correctional Service of Canada to release all of my files and records to ST. LEONARD'S COMMUNITY SERVICES, LONDON & REGION, ONTARIO.

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

**CASE MANAGEMENT TEAM DECISIONS AND COMMENTS:**

(Please verify the accuracy of the information on the application and add any additional comments/recommendations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASE MANAGEMENT OFFICER (please print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## PROGRAM AGREEMENT

I, \_\_\_\_\_, agree to adhere to the following conditions.

1. I will actively participate in all aspects of the programs offered at St Leonard's. I will participate in the development of my Personal Plan (P.P.) with my Parole Supervisor and agency staff during my initial assessment period and throughout my residency
2. I will submit to an alcohol screening test to verify suspicion of alcohol use. Failure to provide an adequate sample may result in the withdrawal of residency.
3. I will submit to the use of narcotic screening devices (urinalysis) should behaviour warrant it.
4. I will submit to and be co-operative during searches which may be conducted periodically.
5. I will release St. Leonard's Community Services, London & Region from all claims arising from having my belongings at the Centre either during or subsequent to my period of residency.
6. I will release St. Leonard's Community Services, London & Region from any liability with respect to any injury I may sustain during my residency at the Centre.
7. I will abide by all rules/expectations of the Centre.
8. I will remove (or make arrangement for the removal of) all my personal belongings within thirty days of my departure. If I should fail to do so within thirty days after my departure, my belongings will be sent to the institution where I am or to a designated contact person.

My participation is purely voluntary. I have read this statement and fully understand its meaning.

I have read and understand the Rules and Expectations, Level Criteria & Pass Privileges and Program Components of the Centre. Furthermore, I declare that I understand the consequences of violating the above-mentioned conditions. I agree to the obligations and responsibilities of residing at St Leonard's Community Services, London & Region.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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