

**St. Leonard's House Application Form**

Name: \_\_\_\_\_  
Surname First Middle

Date of Birth: \_\_\_\_\_  
DD/M/YR

---

Current Institution: \_\_\_\_\_

FPS# \_\_\_\_\_

Parole Officer: \_\_\_\_\_

Current offence/s: \_\_\_\_\_

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

Sentence: \_\_\_\_\_

Day Parole Eligibility: \_\_\_\_\_ Full Parole Eligibility: \_\_\_\_\_

Statutory Release: \_\_\_\_\_ Warrant Expiry: \_\_\_\_\_

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

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

Institutional Programs completed and or pending:  
\_\_\_\_\_

Correctional Plan completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Details of Previous Convictions: (Please list the most recent first)

Conviction	Location	Sentence	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

---

---

Have you ever been on any type of community supervision (ie-parole, halfway house), please provide

details \_\_\_\_\_

---

Substance Abuse History: yes \_\_\_\_\_ no \_\_\_\_\_ if yes provide details: \_\_\_\_\_

---

Previous Treatment: \_\_\_\_\_

---

Previous psychiatric history/diagnosis: \_\_\_\_\_

---

Are you currently on medication: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

---

Health concerns/conditions: \_\_\_\_\_

---

---

**Family History:**

Home Community: \_\_\_\_\_

Are you in contact with your family: yes \_\_\_\_\_ No \_\_\_\_\_ If yes with whom \_\_\_\_\_

---

Married \_\_\_\_\_ Single \_\_\_\_\_ Common Law \_\_\_\_\_

Name of spouse/partner: \_\_\_\_\_

Children/number and names: \_\_\_\_\_

\_\_\_\_\_

---

**Employment/Vocational History:**

Highest Grade completed: \_\_\_\_\_

College/University: \_\_\_\_\_

Types of work experience/skills: \_\_\_\_\_

\_\_\_\_\_

---

**Goals:**

What is your release plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your plans for the future?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Is there anything else you feel we need to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wish to continue to remain in contact with St. Leonard's House? \_\_\_\_\_

Thank you for completing the application

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

Date: \_\_\_\_\_  
DD/M/YR

**Mail to: Michelle Graham (Residential Program Manager) or Jen Graham  
(Caseworker) @  
St. Leonard's House  
491 Victoria Avenue  
Windsor Ontario N9A 4N1  
TEL: (519) 256-1878 Fax: (519) 256-4142  
Email: stleonardshouse1@cogeco.net**