



Hope for all.

Julietta's Place

Application Package

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Julietta's Place Program Information:

Key things to Remember:

- ❖ Julietta's Place is programming that comes with housing, learning, and healing through programming. While you are here it is equally as important as maintaining your housing.
- ❖ ***Julietta's Place is an independent dry living facility, which means you can cook and clean, maintain the integrity of your apartment unit, attend community appointments, and be self-sufficient in your day-to-day tasks and responsibilities in and out of the house.***
- ❖ Julietta's Place can be up to an 18-month program, and you are welcome to engage in a year of voluntary in-home support from a worker after completing our program and relocating into the community.
- ❖ Communication is vital. Keeping the team informed about what is going on with you will enable us to work better with you in moving forward and succeeding in your personal goals.
- ❖ Our priority is your safety, safety protocols are not intended to be overbearing, but to ensure that you and your children are safe and supported.
- ❖ We are not here to judge you; we are simply here to work with and support you.
- ❖ We are a program that believes in relationship building, honesty, and integrity from a client-centered and trauma-informed perspective.
- ❖ We are a dry facility and require 3 months of sobriety before being accepted.

Building/Security Measures:

- ❖ Julietta's Place is a 10-unit building with 1-, 2- and 3-bedroom suites. Rent ranges from \$660.00 to \$890.00 depending on the number of rooms in your suite. All utilities are included, including the Internet. Suites come with basic cable, you are welcome to change or update your cable if you'd like at your cost.
- ❖ A 10-foot fence surrounds the building. It requires fob access to enter and to leave.
- ❖ Front and back doors require fob access to enter. Each tenant will be provided with their own fob.
- ❖ All windows on the first floor of the building are equipped with a silent alarm and RCMP Will respond.
- ❖ Cameras are located in common areas of the building. (hallways, back yard, and front yard)
- ❖ Shared laundry (2 washers and 2 dryers) is in the basement of the building and is free for you to use
- ❖ The case manager's office is located on the second floor of the building, and they are available Monday-Friday from 8:00 am-6:00 pm. They are on call for emergencies only on weekends.
- ❖ The backyard includes amenities such as a community garden, a play structure for the children, and a designated smoking area.

Program Safety Measures:

- ❖ Tenants are required to complete travel, safety, and overnight plans that must be approved by one of the support workers before traveling outside of Red Deer or staying overnight somewhere other than Julietta's Place.
- ❖ When traveling, you will notify staff or on call (if outside of hours staff are in the building) when you leave JPs, when you arrive at your destination, and when you return home. If we do not hear from you at the times you have listed in your travel/safety plans you will be contacted by one of the support workers. If we do not hear from you within 24 hours of your scheduled check-in times, RCMP will be contacted, and a missing person's report will be made.
- ❖ Julietta's Place is a safe house. The location and identities of other tenants in the building **are to be KEPT CONFIDENTIAL.**
- ❖ No males are allowed on site at any time. If you wish to have a professional meet with you in your suite (CSS, CS, McMan, etc.) This must be done when a support worker is in the house. This includes SHAW, TELUS, or any other internet provider who is coming into your home.

Tenant Requirements:

- ❖ Pay rent on time and in full monthly. We require third-party payment.
- ❖ Weekly home visits and groups are required during your time at Julietta's Place which means you will be required to attend and be available.
- ❖ Connecting with staff is an essential piece of programming at Julietta's Place, this communicates consistency.
- ❖ Julietta's Place is a dry facility. There is no illegal substance or alcohol use while on the premises.
- ❖ Maintaining your housing is required while you are living at Julietta's Place.
- ❖ Monthly suite inspections are required.



Julietta's Place Application



All applicants completing pre-intake application forms understand this does not automatically accept them into Julietta's place.

Application Date: _____

Applicant Information:

First Name:	Last Name:
D/O/B: (Day/Mon/Year)	Phone Number
Gender:	Safe to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Call from blocked #: <input type="checkbox"/> Yes <input type="checkbox"/> No

What is your primary language: _____

Do you identify as: First Nations Metis Inuit N/A

Are you a Canadian Citizen: Yes No

If No, what date did you arrive in Canada: _____

What is your status: Refugee Temp. Resident Perm. Resident

What is your current living situation:

With Abuser Friends/ Family Shelter Homeless Other _____

If Shelter, Which: _____ Phone: _____

What is your source of income:

Employed Government Assistance Pension Unemployment

Student Loan Working on obtaining Other: _____

Worker's Name: _____

Monthly Income Amount: _____ Proof of Income Received

From: _____

Background information:

Name of your abuser: _____

Where do they live currently? _____

How long have you lived with your abuser? _____

Are you still in contact with your abuser? Yes No

Have you completed the Jacqueline Campbell Danger Assessment? Yes No

Score:

Types of abuse you are experiencing:

Physical Verbal Mental-Emotional-Spiritual Financial Sexual

Did you press charges with the RCMP: Yes No

Is there a current RCMP File open? Yes No

Are you connected with DV Outreach through The Outreach Centre? Yes No

What is your sense of danger today, for you and your children: (Low, Med, High - Why?)

Do you or your partner have any gang affiliation? Yes: _____ No

Do you believe they will try to find you? Yes No

Why:

Legal Information:

Do you have a criminal record? Yes No

Charges: _____

Does your ex-partner have a criminal record? Yes No

Charges: _____

If yes, what happened?

Do you have a support worker helping you with your legal?

Yes

No

Name:

Contact:

Do you or your ex-partner have any legal issues pending?

Yes

No

Goal

EPO

NCO or
Breach of

Traffic
Violation

Outstanding
Warrants

Drug
Trafficking

Warrants: _____

Do you have any upcoming court dates:

Yes

No

Dates: _____

Court Issues Pending:

Do you have anyone who is supporting you with your legal concerns

Yes

No

Goal

If Yes, Which Agency: _____

Is there a restraining order in place?

Yes

No

If yes, who is listed in the order:

Type:

RO

NCO

EPO

Peace Bond

Charges Laid

Has the order ever been breached?

Yes

No

If yes, by:

You

Them

What happened?

Managing Tenancy:

Are you able to budget & pay your rent on time: Yes No Goal
Are you able to clean your home on your own, without support: Yes No Goal
Are you able to cook on your own, without support: Yes No Goal
Are you able to do laundry on your own, without support: Yes No Goal

Previous Landlord Name: _____

Contact: _____ City: _____

Goals: (Currently working on or wanting to work on, please identify.)

Addiction Issues: Yes No

Alcohol: Yes No

Prescription/Medication: Yes No

Other: _____

Drug of Choice: _____

Have you attended treatment? Yes No Where: _____

Who are you connected with to maintain your sobriety?

Are you taking any medication to aid your sobriety? Yes No

Names & Dosages:

What is your sobriety date: _____

Parenting:

Do you have children: Yes No How many are in your _____ care:

Are you able to parent, without hands-on assistance daily? Yes No Goal

What areas would you like help with: _____

Is there an open file with Children's Services? Yes No

If yes, Worker Name: _____

Contact: _____

Children/Dependent Information:

Child 1

Full Name: _____

D/O/B _____ Gender: _____

Child's living situation: With client With family TGO PGO Other

Father's legal name: _____

Relationship to perpetrator: _____

Child 2

Full Name: _____

D/O/B _____ Gender: _____

Child's living situation: With client With family TGO PGO Other

Father's legal name: _____

Relationship to perpetrator: _____

Child 3

Full Name: _____

D/O/B _____ Gender: _____

Child's living situation: With client With family TGO PGO Other

Father's legal name: _____

Relationship to perpetrator: _____

Child 4

Full Name: _____

D/O/B _____ Gender: _____

Child's living situation: With client With family TGO PGO Other

Father's legal name: _____

Relationship to perpetrator: _____

**Consent to gather information to support the above intake and application
for Julieta's Place Program.**

I, _____, do hereby authorize and consent to the collection, storage, disclosure, and use of my personal information provided during my contact with Julieta's Place to communicate with various professionals and agencies (as indicated below) to help ensure the best possible outcome for myself and my family.

Applicant Signature

Intake Worker Signature

Applicant Name Printed

Intake Worker Name Printed

Date

Date

I understand that when applying for Julieta's Place I agree to the programming and in-home case management that comes with the housing provided.

I understand that programming (groups) and in-home case management are a requirement of living at Julieta's Place.

At Julieta's Place, case management will be 2-3 times a week and groups will be happening 4-5 times a week and I understand it is my responsibility to attend those.

Client Signature

Case Worker Signature

Client Name Printed

Case Worker Name Printed

Date

Date