

# STEPPING STONES Application Form

## YOUNG ADULT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female  Transgender  Gender Fluid  Other

Preferred Pronouns: \_\_\_\_\_ Birthdate: (dd/mm/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Prefer: text  phone call  email

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Spoken Language: \_\_\_\_\_

Indigenous:  Yes  No Status:  Yes  No On Reserve:  Yes  No

Band Name: \_\_\_\_\_

Current Living Arrangements: \_\_\_\_\_

## CARE STATUS / SUPPORT INFORMATION

Care / Support status:  YAG  IDL  AYA  PWD  Extended YAG/IDL  IA  Other \_\_\_\_\_

Social worker: \_\_\_\_\_ AYA worker: \_\_\_\_\_

## SCHOOL, COMMUNITY and EMPLOYMENT INFORMATION

Are you attending school?  Yes  No Name of School: \_\_\_\_\_

Days/Times Attending: \_\_\_\_\_

Are you employed?  Yes  No Place of Employment: \_\_\_\_\_

Days/Times Working: \_\_\_\_\_

Are you connected to other agencies/professionals/support services?  Yes  No

If yes, please list: \_\_\_\_\_

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## REFERRAL SOURCE

Referred by: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Agency: \_\_\_\_\_ Position/Team: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## LIFE SKILLS PROGRAM

Are you able to attend VIRTUALLY Tuesdays and Wednesdays  
10:00am – 1:00pm January 18<sup>th</sup> to March 9<sup>th</sup>?  Yes  No

Are you available for a 30-minute virtual intake January 11<sup>th</sup> or 12<sup>th</sup>?  Yes  No

Do you have access to a working computer or tablet to attend the  
program Virtually?  Yes  No

Would you need to borrow a Stepping Stones Tablet to participate?  Yes  No

What would you like to improve on during the Stepping Stones Program? (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Self-Awareness    | <input type="checkbox"/> Interpersonal     | <input type="checkbox"/> Decision Making |
| <input type="checkbox"/> Empathy           | <input type="checkbox"/> Creative Thinking | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Critical Thinking |  |

What other areas would you like to develop skills for? (Check all that apply)

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Meal Planning    | <input type="checkbox"/> Emotional Health |
| <input type="checkbox"/> Budgeting  | <input type="checkbox"/> Physical Health  | <input type="checkbox"/> Goal Setting     |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Communication    |
| <input type="checkbox"/> Education  | <input type="checkbox"/> Social Health    | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Financial  | <input type="checkbox"/> Spiritual Health | <input type="checkbox"/> Other: _____     |

What are some barriers to participating in the Stepping Stones Program January 2022 to March 2022?  
(List or write about what could get in the way of you attending group and doing the work?)

Additional Comments:

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## EMERGENCY CONTACT INFORMATION Contact must be 19yrs or older

In case of emergency, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

## PROGRAM AGREEMENT

I, \_\_\_\_\_, am committed to participate in the Stepping Stones Life Skills Program Virtually from **January 18, 2022** to **March 9, 2022**. It is my intention to participate to the best of my abilities each week of the program.

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

Referring Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL APPLICATION FORM TO**  
**infoyrc@archway.ca**

*For assistance or questions, please phone  
Lisa Hedrick at 604-807-1330*