

SARA for Women serves women by providing support, advocacy, counselling and shelter for women and their children who have experienced gender-based violence or are at risk of violence.

Sara for Women manages and operates two self-contained Second Stage Housing Apartment Complexes, located in Abbotsford. These second stage facilities are available to women who have made the decision to leave their abusive situation. Women and children who are vulnerable can live safe and stable lives with access to counselling, outreach services, and many unique programs. Men 19 years of age and older, are not permitted as visitors to our housing program. Additionally, residents must be committed to a drug and alcohol-free lifestyle.

- 2nd Stage Housing is available to women with or without children who are impacted by relationship violence
- Staff can provide: emotional support, advocacy, safety planning, assistance to apply for long-term housing, court accompaniment, resources and referrals
- All residents must commit to weekly in person meetings with an outreach worker
- Housing Charges are based on income
- The length of stay at our program is 18 months
- The units are furnished with fridges, stoves, beds, dressers, couches, dining tables, and chairs, no cribs are provided.
- Free laundry facilities are available
- Each resident is responsible for the upkeep of their own suite, and for the purchase of their own food
- No smoking, drinking, or drugs
- Residents can install internet in their unit through providers such as Telus or Shaw
- We will fill vacancies in accordance with Canadian National Occupancy Standards.
- An interview does not guarantee space at our 2nd Stage Housing Programs

Applicant Information

Last Name	First Name	Middle initial	Date of Birth

Contact Information

Address		
Cell phone	<i>Is it safe to leave a message?</i> Y N	Email
Alternate contact number		Contact person's name and relationship to you

Do you identify with any Indigenous, cultural, or ethnic groups? _____

First Language: _____ Do you require an interpreter: **Y** **N**

Children Information

Last Name	First Name & Initial	Date of Birth	Gender	Does the child live with you at least 40% of the time (yes or no)

Do you expect your family size to change within the next 12 months (birth of child, back to care plan, etc.)? If yes, please describe.

Income and Assets

Source of Income (employment, EI, income assistance, pension, etc.)	Amount Received each month
	\$
	\$
	\$
<i>Total Monthly amount</i>	\$
Value of Assets	
<i>Vehicle</i>	\$
<i>Savings/RRSP</i>	\$
<i>Property or other assets</i>	\$

Residency History

Please describe your current and/or most recent housing situation.

Victim of Violence Information

Are you leaving a relationship in which you are experiencing violence?

Yes No

What is the nature of this relationship? (i.e., husband, common law partner, boyfriend, family member, etc.)

How long have you been in this relationship? _____

How long have you been away from the person who was abusive towards you? _____

Does the person you are fleeing have:

- A criminal record
- Outstanding charges against them
- Access to weapons
- A drug/alcohol addiction?
- Any mental health concerns?

Do you have a protection order in effect?

Yes No

Are your children named in the order(s)?

Yes No

Do you have any ongoing safety concerns for yourself or you children?

Where is the person who was abusive to you currently living?

Physical Description of the offender?

Vehicle Description of the offender?

Do you have any contact with the offender? If yes, please explain

Are there other people you need protection from? (abuser's friends, other family members, etc.)

Do you consider yourself or your children to be at risk of further abuse by the person you are fleeing? Please explain:

Substance Use Information

Do you currently, or have you previously struggled with substance misuse?	<i>Y</i>	<i>N</i>
Substance of choice:		
Clean time:		

If you have attended a treatment program, please provide details.

Date	Program Name	Completed Y/N

Are you on the Methadone Maintenance Program	<i>Y</i>	<i>N</i>
<i>Length of time on program:</i>	<i># of ml prescribed:</i>	

Are you currently accessing treatment, support and/or counseling? If yes, please explain.

Health Information

Do you or your children have any chronic health conditions? If yes, please provide details including medications.

Do you or your children have any mobility issues? If yes, please describe.

Please describe your overall mental health.

Do you or your children have a mental health diagnosis? If yes, please explain.

Support Team Information

Doctor:	Phone:
Counsellor:	Phone:
Mental Health Worker:	Phone:
Social Worker:	Phone:
Probation/Parole Officer	Phone:
Other:	Phone:

What types of support/services, which you have used in the past, have been most helpful for you?

Have you accessed or are you currently accessing other support services offered by SARA for Women? If yes, please describe.

Participation in support groups, counselling and/or programs is required while residing at a SARA for Women housing program. Will this be a problem for you? If so, please explain.

PET ASSESSMENT – CHERYL SMITH RESIDENCE ONLY

We do not accept snakes, wildlife and certain dogs (based on size/breed) How many pets do you have? _____

What types of pets do you have?

If you have a dog, what breed/size/weight is the dog?

Do you fear for the safety of your pets?

Have your pets been abused by your partner or someone else in the past? If yes, please explain.

Has your partner or someone else threatened your pets? If yes, please explain.

Do your pets have separation anxiety? If yes, what does that look like?

Have your pets displayed aggression towards adults, children or other animals? If yes, please explain.

Has your pet been spayed or neutered? We do not accept unneutered male cats.

What shots has your pet had?

Do your pets have any health problems? If yes, please explain.

Do you have you pets medical records with you or are you able to access them?

Is your pet on a special diet? If yes, please explain.

Is your pet an indoor pet?

Do you use any flea control products? If yes, please explain.

Do you have any other comments about your pets?

PROGRAM PARTICIPANT PET REGISTRATION / APPROVAL	
Name of Program Participant (as on Program Agreement):	
Address:	
Type of Pet: <input type="checkbox"/> Cat <input type="checkbox"/> Dog Age of Pet (at registration): Name of Pet:	Emergency Contact Person (who will care for Pet): Name:
	Address:
	Home Phone:
	Cell Phone:
Physical Description of Pet:	
Veterinarian's stamp here confirming that pet is spayed or neutered.	STAPLE PHOTOGRAPH OF PET HERE
I agree to abide by the SARA Pet Ownership Rules. _____ Program Participant Signature _____ Date	I hereby grant approval to keep the Pet described above. _____ SARA Staff Signature _____ Date

SARA FOR WOMEN

SUPPORT
ACCEPTANCE
RESOURCES
ACTION
SARAFORWOMEN.CA

I declare that this is my application, and all information included is true to the best of my knowledge.

Applicant Signature

Date

Fax completed applications to 604.746.4201
Email completed applications to CLR@saraforwomen.ca

PLEASE NOTE: Applicants must call once each month to keep their housing application active and up-to-date.
604.746.4200