

**Applicant Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Income Source: \_\_\_\_\_

Housing Situation *(explain below)*  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Record *(explain below)*  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

1) Do you have any Mental Health Diagnoses? *(explain below)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Current Medications: *(explain below)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Mental Health or Other Supports *(Please provide names, title and contact number of any individuals that you are connected to, in regards to your mental health)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**\*\*Please email application to [margaret.flynn@coastmentalhealth.com](mailto:margaret.flynn@coastmentalhealth.com), fax to 604.681.1125, or call 604.838.3533. Thank you\*\***

**Program Information**

1) Briefly describe your strengths and skills that would make you a suitable participant for the Youth Food Program.

**Strengths:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What are some challenges/barriers (*addiction, mental health, finances...*) you currently face, that may make it difficult for you to obtain employment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Why are you interested in participating in the Youth Food Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please provide any further information, qualifications or skills that you feel make you a good candidate for the Youth Food Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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