



The Safehaven Project for Community Living  
Exceptional Lives. Exceptional Care.

## SAFEHAVEN'S FAMILY PARTNERSHIP COUNCIL APPLICATION FORM

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**First Name**

**Last Name**

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**Address (include apartment/unit number)**

**City**

**Postal Code**

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**Home Phone**

**Cell Phone**

**Work Phone**

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**Email Address**

**What is the best way to contact you:**

Home Phone     Cell Phone     Work Phone     Email

**When is the best time to contact you:**

Morning     Afternoon     Evening

**Do you speak any languages other than English?**

Yes     No    **Which languages:**

**Client Name:**

**Client Birth Date (year only):**

**Which services has your child accessed through Safehaven? (Check all that apply)**

**Services:**

**Locations:**

Residential care     Bloor Street     Etobicoke     Woodbridge  
 Respite care     Aurora     North York

**Do you have any other children?**  Yes     No

**How many and their birth dates (year only):**

**Would you require childcare services during our quarterly meetings?**  Yes     No



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**Which topics/areas of discussion are of interest to you?** (Check all that apply)

- Residential Care       Respite Care       Transition Resources       Programming  
 Policies       Other please specify:

**What skills or strengths can you share as a member of the Family Partnership Council?**

Input on how to apply smooth and efficient scheduling at Safehaven

#### CURRENT EMPLOYMENT (where applicable)

<b>Organization:</b>		<b>Major Responsibilities:</b>
<b>From:</b>	<b>Position held:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part-time	
<b>To:</b>		

**AVAILABILITY** (check all that apply)

*\*\*Meetings are held on a quarterly basis (4 times per year)\*\**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

**Signature:**

**Date:**

**Thank you for taking the time to complete this application form. Completed forms can be submitted via email, fax, and mail or dropped off in-person at our Bloor Street location. We look forward to hearing from you!**

**Please email, fax, mail or bring your application form to us please.**

**Isabelle Zonenberg**, Manager, Client Quality and Safety  
The Safehaven Project for Community Living  
1173 Bloor Street West, Toronto ON M6H 1M9

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Fax: (416) 535-9782

***The personal information you provide is collected, used and shared under the authority of the Public Act to improve quality of care. Please contact 416-535-8525 for more information.***

The Safehaven Project for Community Living 1173 Bloor St West, Toronto, Ontario, M6H 1M9

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Charitable Registration No. 12659 9208 RR0001