



Catholic Community Services of York Region

Serving people from diverse cultures

Newcomer Application

For Office Use Only Host Program

Received : _____ Date: _____
 Date Interviewed _____ Date Oriented: _____
 Matched With: _____ Date: _____
 Re-matched With: _____ Date: _____
 Re-Matched With: _____ Date: _____
 Current File Number: _____

Name: (Family)		(Given Name)	
Gender: (Please Circle) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>		Immigration/ Permanent Residence Card #	
Address:		Education:	
City:	Postal Code:		
Major Intersection:		Home Phone #: Cell Phone #: Email Address #:	
Marital Status : <input type="checkbox"/> Married /Common Law <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow/ Widower (#) Children Ages (-)			
Immigration Status: <input type="checkbox"/> Independent <input type="checkbox"/> Family Class <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Other			
Occupation in Homeland:	Date of Birth: / /	Place of Birth:	Arrival date in Canada (if applicable)
Hobbies and Interests:		Mother Tongue:	

Please list the members of your Family

- 1) Full Name: _____ Relationship: _____ DOB (yy/mm/dd) _____
 Imm/PR Card: _____
- 2) Full Name: _____ Relationship: _____ DOB(yy/mm/dd) _____
 Imm/PR Card: _____
- 3) Full Name: _____ Relationship: _____ DOB(yy/mm/dd) _____
 Imm/PR Card: _____
- 4) Full Name: _____ Relationship: _____ DOB(yy/mm/dd) _____
 Imm/PR Card: _____

HOST PROGRAM NEWCOMER AGREEMENT

As a newcomer client of the Host Program of Catholic Community Services of York Region (CCSYR), I understand that a match relationship is based on friendship, equal partnership, and shared participation in activities. Participation in the program is voluntary and I have the right to terminate the relationship at any time.

I understand that:

HOST PROGRAM STAFF WILL PROVIDE:

- Information on the HOST program and other programs at CCSYR
- Ongoing support and information on community social services
- Inform me of all activities and events in the HOST program

AND I AGREE TO:

- Contact HOST program staff in case of any difficulties in the match
- Meet with the volunteer on a regular basis
- Inform HOST staff of my new address and phone number in case I move

CONSENT TO RELEASE INFORMATION

I, (full name) _____

Authorize Catholic Community Services of York Region and Citizenship and Immigration Canada to share the following information:

- 1) Permanent Resident Status and P.R. Card number
- 2) Name and date of birth
- 3) Type of service received

For the purpose of:

- 1) HOST program evaluation
- 2) Planning settlement services
- 3) Measuring program activities

This consent is given for the stated purpose and not for any other purpose without my express written consent. I also authorize HOST program to share some pertinent information with the HOST volunteers for the purpose of creating a successful match.

Signature: _____ Date: _____

FOR OFFICE USE:
