The Cridge Centre for the Family

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The Second Stage Program
Expression of Interest Form

How did you hear about our program?

First Name: _____ Last Name: _____

Preferred Pronouns: _____

Phone: _____ Email: _____

Check the boxes that reflect your circumstances: ☐ I am fleeing violence or abuse
☐ I am a refugee ☐ I am a newcomer ☐ I am an immigrant ☐ Other:
_____

Household Composition: list the genders, ages, and relationship to applicant of all those who will be living in your household:

Please briefly describe your reason for applying for The Cridge Second Stage Program:

Please describe your current living circumstances:

I understand that this Expression of Interest does NOT constitute an agreement on the part of The Cridge Centre to provide me with program accommodation. I understand that it is my responsibility to advise The Cridge Centre of any changes given to the information above by email only. If I do not contact the program for a 1-year period, staff will shred my Expression of Interest form.

Name: _____ Signature: _____