

YMCA Youth Housing Services Second Stage Housing Program for Youth Application Form

Telephone: 613 237-1320, ext. 5029 | Fax: 613 788-5095 | Email: ssh@ymcaottawa.ca
180 Argyle Avenue, Ottawa, ON K2P 1B7

PERSONAL INFORMATION

| | | | |
|------------|-----------|--------|--------------------|
| | | | |
| FIRST NAME | LAST NAME | GENDER | PREFERRED PRONOUNS |

| | |
|----------------|-------|
| | |
| CONTACT NUMBER | EMAIL |

| | | |
|-----------------|--------------------------|-----|
| | | |
| CURRENT ADDRESS | DATE OF BIRTH (MM/DD/YY) | AGE |

What is your status in Canada:

Canadian Citizen
 Permanent Resident
 Refugee
 Asylum Seeker
 Refugee Claimant
 Protected Person

Where were you born?
 Canada
 Other

If other, when did you come to Canada?

Languages spoken (check off all that apply):
 English
 French
 Other

| | |
|---------------------|--------------------|
| | |
| PRIMARY LANGUAGE(S) | PREFERRED LANGUAGE |

SOURCE OF INCOME

What are your current sources of income (check off all that apply)?

Ontario Works
 Parents
 Full-time employment
 None

Children's Aid Society
 ODSP
 Part-time employment
 Other

If your source of income is Ontario Works, CAS, ODSP or any other program please fill out the following:

| | | |
|---------------|-----------------------|----------------|
| | | |
| WORKER'S NAME | WORKER'S PHONE NUMBER | WORKER'S EMAIL |

Worker's office location:

West – Constellation
 Central – Catherine
 East – Ogilvie
 South – Walkley
 Preston (ODSP)

REFERRAL INFORMATION

How did you hear about SSHP?

Friend
 School
 Community organization
 Social media

Family
 Housing worker
 YMCA website
 Other:

Why are you applying to SSHP (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Learn life skills | <input type="checkbox"/> Current housing unsafe |
| <input type="checkbox"/> At risk of homelessness | <input type="checkbox"/> Family breakdown | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Living at home not an option | <input type="checkbox"/> Newcomer to Canada | <input type="checkbox"/> Fleeing abuse |
| <input type="checkbox"/> In need of support to reach goals | <input type="checkbox"/> Leaving treatment | <input type="checkbox"/> Other: <input style="width: 250px; height: 20px;" type="text"/> |

What goals would you like to work on if accepted into SSHP (specify)?

| How much support do you need in the following areas: | None | Some | A lot |
|---|--------------------------|--------------------------|--------------------------|
| Budgeting your money/ Paying bills/Understanding Credit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enrolling in education/Training programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obtaining employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grocery Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Looking after your room /Laundry/Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Looking for permanent Housing / Landlord tenant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical/Mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you feel you currently have the skills you need to live independently? Yes No Some but need support to build more basic skills

Name 3 immediate needs:

ACCOMMODATION HISTORY

Have you ever lived at the Y before? Yes No

| WHEN | PROGRAM | LENGTH OF STAY |
|----------|----------|----------------|
| | | |

Reasons for leaving:

Please check off all that apply for the past 2 years.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Youth shelter | <input type="checkbox"/> Own apartment | <input type="checkbox"/> Detention centre | <input type="checkbox"/> Transitional Housing Program (YSB, Windrose, A Different Street) |
| <input type="checkbox"/> Adult shelter | <input type="checkbox"/> Rooming house | <input type="checkbox"/> Couch surfing | |
| <input type="checkbox"/> Shared apartment | <input type="checkbox"/> Street | <input type="checkbox"/> Hotel | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Family home | <input type="checkbox"/> Group home | <input type="checkbox"/> Treatment | |

DAY PROGRAM

A requirement of the Second Stage Housing Program for Youth is that you must be attending school, treatment, or other day program (or combination of these activities) on a full-time basis. **Please check off all programs that you are currently involved in:**

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Part-time employment | <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Training program |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Volunteering | <input type="checkbox"/> None | <input type="checkbox"/> Other <input type="text"/> |

Are you willing to engage and participate in mandatory programming such as weekly life skills, goal planning and case management meetings?

Yes No

Are you legally entitled to work in Canada? Yes No Applied for work permit

Are you able to attend school in Canada? Yes No

Name the community programs and professional supports you are using (include contact information and name):

All applicants will be reviewed for eligibility. You will be contacted within three (3) days to schedule an appointment for an interview. Please be advised that the program only has space for up to seventeen (17) youth and you may be placed on a waiting list.

I, _____, understand that I am applying for a supportive transitional housing program that will help me to obtain the skills and supports I need to live independently; and that this is not a housing placement only.

I agree to provide consent to allow the YMCA Youth Housing Services - Second Stage Housing Program to contact relevant individuals for the purposes of reference checks and ongoing case management.

I also understand that a condition of my acceptance into the program will be my agreement to follow program guidelines, and engage in all mandatory programming.

I further understand that this housing program is transitional and is exempt from the provisions of the Residential Tenancies Act 2006.

I certify that the preceding information is correct and that I have answered the questions fully and to the best of my knowledge.

SIGNATURE

DATE