



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

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180 Argyle Avenue, Ottawa, ON K2P 1B7

DATE OF APPLICATION (DD/MM/YYYY)

APPLICANT INFORMATION

LEGAL FIRST NAME LEGAL LAST NAME PREFERRED NAME(S)

GENDER PREFERRED PRONOUNS DATE OF BIRTH (DD/MM/YYYY) AGE

PHONE NUMBER EMAIL ADDRESS

WHERE ARE YOU CURRENTLY STAYING?

PERSONAL INFORMATION

What is your current status in Canada?

- Canadian Citizen Permanent Resident Convention Refugee Protected Person
- Refugee Claimant Asylum Seeker



National
Capital Region

Région de la
capitale nationale

Do you identify as Indigenous? Yes No **If yes:** First Nations Metis Inuit

Where were you born? Canada Other:

If other, when did you come to Canada?

What is your ethnicity?

Languages spoken:

Preferred language:

SOURCE OF INCOME

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

- None Ontario Works ODSP OSAP Family CAS
 Employment Insurance Full time employment Part time employment

Other:

Average total monthly income: \$

Please note that there is a monthly program fee of \$390.00, & youth are responsible for their own basic needs. Do you feel that are you able to afford this every month?

- Yes No



If your source of income is OW, CAS, ODSP or any other government assistance, please fill out the following:

<input type="text"/>	<input type="text"/>	<input type="text"/>
WORKER NAME	WORKER EMAIL	WORKER PHONE NUMBER

REFERRAL INFORMATION

How did you hear about SSHP?

Friend School Community Organization Social media YMCA website
 Family Housing Worker Other:

Who completed this application? Applicant Other:

REASON FOR APPLICATION

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

Currently homeless At risk of homelessness Living at home is not an option
 Learn life skills Family breakdown Newcomer to Canada Leaving treatment
 Current housing unsafe Fleeing abuse Eviction Other:

Why can you no longer stay where you are living now?

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

1. Personal goal:

2. Employment/Education/Training goal:

3. Housing goal:

SSHP teaches life skills and supports you in getting ready to live on your own successfully. Please check off those you feel you may need help with:

- | | |
|--|--|
| <input type="checkbox"/> Looking for long term housing | <input type="checkbox"/> Laundry/Cleaning/Hygiene |
| <input type="checkbox"/> Landlord/Tenant relationships | <input type="checkbox"/> Cooking/Nutrition |
| <input type="checkbox"/> Obtaining employment | <input type="checkbox"/> Money management |
| <input type="checkbox"/> Immigration support | <input type="checkbox"/> Being a good neighbour |
| <input type="checkbox"/> Education/Training programs | <input type="checkbox"/> Community connections |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Cultural supports |
| <input type="checkbox"/> Positive peer relationships | <input type="checkbox"/> Becoming move out ready |
| <input type="checkbox"/> Reconnecting with family | <input type="checkbox"/> Substance use supports |
| <input type="checkbox"/> Improving physical health | <input type="checkbox"/> Mental health supports |
| <input type="checkbox"/> Improving social skills | <input type="checkbox"/> Access to health care |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Recreational activities/Hobbies |

Do you feel you currently have the skills needed to live independently successfully?

- Yes No
- Some - but need support to become move out ready (living on my own)



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Do you have any mental health concerns? Yes No

If yes, please explain:

Who do you receive support from either professionally or personally with your mental health?

Do you use any substances? Yes No

If yes, please explain:

Who do you receive support from either professionally or personally



ACCOMMODATION HISTORY

Have you lived at the YMCA National Capital Region before? Yes No

If yes, please answer the following:

When did you live at the Y?

Which program?

How long did you stay?

Reason for leaving:

Please check off all that apply to your housing experiences in the past 1-2 years:

- Youth shelter Adult shelter Family home Own apartment
- Shared apartment Rooming house Couch surfing Hospitalized
- Family home Rough sleeping Group home Jail Hotel
- Treatment Street Transitional housing (YSB, Windrose, ADS)
- Other:



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:

- Part time school Full time school Training program Part time employment
 Full time employment Volunteering Day treatment None
 Other:

Are you willing to engage in SSHPs mandatory programming? (Weekly Life Skills, Goal Planning, & 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

SUPPORTS

Please share with us who you identify your **natural supports** to be (family, chosen family, friends, etc.):

1.

2.

3.



Please share with us who your **community supports** are: (case worker, HBCM, counsellor, etc.)

1. _____

2. _____

3. _____

All applicants will be reviewed for eligibility by Second Stage Housing staff. If deemed eligible for SSHP, you will be contacted in a timely manner to schedule an appointment for an interview. An application sent in does not guarantee an assessment. Please be advised that the program only has space for up to seventeen (17) youth and you may be placed on a waiting list for both the assessment and admission processes.

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 a transitional housing program and not a permanent housing placement. SSHP 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