

TRY Housing Application Form

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The TRY Supportive Housing Program is intended for single adults aged 18 and over who are experiencing homelessness or are at risk of becoming homeless, and who require support in securing permanent housing. TRY participants are accommodated in individual rooms within a congregate setting and receive support through a structured program, including regular guidance from an assigned case manager. This is a transitional program that promotes independence while providing appropriate support.

The TRY Supportive Housing Program is not affiliated with the Housing Registry

DATE OF APPLICATION (DAY/MONTH/YEAR)

IDENTIFICATION AND GENERAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

NICKNAMES/ALIASES

DATE OF BIRTH (DAY/MONTH/YEAR)

AGE

SEX: ☐ FEMALE ☐ MALE ☐ TRANSGENDER

I IDENTIFY AS:

☐ HETEROSEXUAL ☐ TWO-SPIRIT ☐ LESBIAN ☐ GAY ☐ BISEXUAL ☐ QUEER ☐ INTERSEX ☐ QUESTIONING ☐ OTHER

CURRENT HOUSING SITUATION (Select all the apply):

☐ HOMELESSNESS ☐ FLEEING ☐ STAYING WITH FRIENDS/FAMILY ☐ TEMPORARY ACCOMMODATION ☐ SHELTER

☐ UNSTABLE HOUSING ☐ HOSPITAL ☐ ADDICTION TREATMENT CENTRE ☐ DETENTION CENTER

☐ OTHER :

HOW LONG HAS THIS SITUATION BEEN ONGOING?

ADDRESS (If applicable):

PHONE NUMBER: EMAIL ADDRESS:

SPOKEN LANGUAGE(S):

PRIMARY LANGUAGE:

PREFERRED LANGUAGE:

DO YOU REQUIRE INTERPRETER OR TRANSLATOR SERVICES? ☐ YES ☐ NO

CURRENT STATUS IN CANADA:

☐ CITIZEN

☐ REFUGEE

☐ WORK PERMIT

☐ STUDY PERMIT

☐ PROTECTED PERSON

☐ ASYLUM SEEKER

☐ PERMANENT RESIDENT

ARE YOU AN INDIGENOUS PERSON? ☐ YES ☐ NO

COUNTRY OF BIRTH:

☐ CANADA

☐ OTHER:

IF OTHER, WHAT IS YOUR DATE OF ARRIVAL IN CANADA? (DAY/MONTH/YEAR):

DO YOU USE MOBILITY AIDS? ☐ WHEELCHAIR ☐ CANE ☐ WALKER ☐ SCOOTER

DO YOU USE VISION AIDS?

☐ GUIDE DOG

☐ WHITE CANE

☐ OTHER:

DO YOU HAVE ANY OTHER PHYSICAL LIMITATIONS? (Please specify):

DO YOU USE OTHER SUPPORTS (OTHER THAN MEDICATION) TO ASSIST YOU? (Please specify):

REFERRAL SOURCE

HOW DID YOU HEAR ABOUT THE TRY SUPPORTIVE HOUSING PROGRAM?

☐ ORGANIZATION ☐ FRIEND ☐ AGENCY ☐ ONLINE ☐ OTHER: _____

HAVE YOU PREVIOUSLY STAYED AT THE YMCA?

☐ NO ☐ YES IF YES, WHEN? _____

REASON FOR APPLICATION

WHAT ARE THE REASONS YOU WISH TO JOIN THE TRY SUPPORTIVE HOUSING PROGRAM?

APART FROM HOUSING SECURITY, WHAT YOUR IMMEDIATE NEEDS? (Select all the apply):

☐ STABLE/LONG-TERM HOUSING ☐ PSYCHOSOCIAL SUPPORT ☐ SUPPORT WITH DAILY LIVING ROUTINES
☐ MENTAL HEALTH SUPPORT ☐ SUPPORT WITH INDEPENDENT LIVING ☐ EMPLOYMENT/EDUCATION SUPPORT
☐ OTHER: _____

CURRENT SITUATION

CURRENT SOURCE OF INCOME (Select all the apply):

☐ ONTARIO WORKS (OW) ☐ ODSP ☐ CASUAL/ON-CALL EMPLOYMENT ☐ NO SOURCE OF INCOME
☐ PART TIME EMPLOYMENT - HOURS PER WEEK: _____
☐ FULL TIME EMPLOYMENT - HOURS PER WEEK: _____
☐ OTHER: _____

PLEASE NOTE THERE IS A MONTHLY PROGRAM FEE OF \$390. ARE YOU ABLE TO AFFORD THIS FEE? ☐ YES ☐ NO

ARE YOU:

- ☐ PART-TIME STUDENT ☐ FULL-TIME STUDENT ☐ RETIRED ☐ SELF-EMPLOYED
- ☐ OTHER:

ARE YOU CURRENTLY SUPPORTED BY A PROFESSIONAL OR A SUPPORT TEAM? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY:

DAILY FUNCTIONING AND INDEPENDENCE

PLEASE INDICATE AREAS THAT ARE CHALLENGING FOR YOU (Select all that apply):

- | | | |
|--|--|--|
| ☐ PERSONAL HYGIENE | ☐ HOUSEKEEPING | ☐ COMMUNAL LIVING (SHARING AMENITIES) |
| ☐ MANAGING APPOINTMENTS | ☐ BUDGET MANAGEMENT | ☐ TIME MANAGEMENT |
| ☐ MEAL PLANNING/PREPARATION | ☐ INTERPERSONAL RELATIONSHIPS | ☐ RULE FOLLOWING |
| ☐ SUBSTANCE ABUSE | ☐ STRESS/EMOTIONAL MANAGEMENT | |
| ☐ OTHER: <input type="text"/> | | |

ADDITIONAL COMMENTS:

PERSONAL GOALS

WHAT GOALS WOULD YOU LIKE TO ACHIEVE DURING YOUR STAY IN THE TRY HOUSING SUPPORT PROGRAM?

CONSENT

I, _____, consent to this application form being received, reviewed, and assessed by the TRY Supportive Housing Program team for the purpose of determining my eligibility. I also consent to the program collecting, using, and, where necessary, sharing relevant information with professionals or organizations involved for the purposes of reference verification, application assessment, and coordination. I understand that this form constitutes an application only and does not guarantee my admission to the program. Should my application be considered, TRY staff will contact me in a timely manner. I also understand that I am applying to a semi-independent, transitional housing program that provides support services aimed at developing the skills required to obtain and maintain independent housing, and that it is not governed by the Residential Tenancies Act, 2006 (Ontario). If admitted, I agree to adhere to all program rules, policies, and procedures, as well as the individualized support plan developed based on my needs and goals. I declare that the information provided is accurate, complete, and truthful to the best of my knowledge.

WAS THIS FORM COMPLETED BY YOU?

☐ YES ☐ NO IF NO, PLEASE SPECIFY:

APPLICANT SIGNATURE

DATE (DAY/MONTH/YEAR)