YMCA-YWCA of the National Capital Region

TRY Supportive Housing Program
Application for Admission

COMPLETION INFORMATION

Date of application (mm/dd/yy): _____

APPLICANT CONTACT INFORMATION

First name: _____ Last name: _____

Middle name:_____ Nick names/Aliases: _____

Where are you currently staying? _____

_____

Current phone number(s): Home _____Cell _____ Work _____

EMERGENCY CONTACT INFORMATION

First name: _____ Last name: _____

Relationship:_____

Address: _____

City: _____ Province: _____ Postal code:_____

Phone: (H)_____ (C)_____ (W)_____

APPLICANT IDENTIFICATION INFORMATION

Date of Birth (mm/dd/yy):_____ Age:_____ Gender: ☐ Male ☐ Female ☐ Transgender

S.I.N. _____ / _____ / _____ Health card number and province:_____

Other ID (name and number): _____

Height:_____ Weight:_____ Eye colour:_____ Hair colour/Length/Style: _____

Distinguishing marks (tattoos, birthmarks, moles, surgical scarring, etc.): _____

_____

Do you use a mobility aid such as a wheel chair, cane, walker or scooter? (specify): _____

_____

Do you use a sight aid such as a seeing eye dog, white cane etc.? (specify) _____

_____

Do you have any other disabilities? (specify) : _____

_____

Do you have any supports or aids other than medication to assist you with these disabilities? (specify): _____

_____

APPLICANT IDENTIFICATION INFORMATION
(Continued)

Do you have any allergies? (specify):_____

_____

Are you taking any medication? (specify type and purpose): _____

_____

_____

_____

REFERRAL INFORMATION

How did you hear about this program?

☐ Friend ☐ Family ☐ Community agency (specify):_____

☐ Other (specify)_____

What are the reasons you are applying for this supportive housing program at this time?

☐ Leaving custody ☐ Mental health issues ☐ Evicted ☐ In a shelter

☐ Homeless ☐ Leaving treatment ☐ Recovering from addictions ☐ Family breakdown

☐ Other (specify)_____

What are your immediate needs?

_____

_____

_____

_____

What goals do you want to accomplish while you are here?

_____

_____

_____

_____

YMCA-YWCA PROGRAMS

Have you ever participated in any Y programs? ☐ No ☐ Yes (If yes, please complete information below)

Year: _____. Programs or services and approximate period of involvement:

_____

_____

_____

_____

YMCA-YWCA PROGRAMS *(Continued)*

Have you ever stayed at this Y before? ☐ No ☐ Yes

If yes, number of times:_____ When was the last time? (mm/dd/yy) _____

Are you currently participating in any other community programs such as programs related to gaining employment or job skills, help with addictions, anger management, conflict resolution, parenting skills etc.?

☐ No ☐ Yes (If yes, please specify)

_____

_____

_____

ACCOMMODATION HISTORY

Where have you lived over the past two years? (Check all that apply)

☐ With family
☐ Young Women's EmergencyShelter
☐ Group home
☐ Cornerstone
☐ Shared apartment
☐ Rooming house
☐ Shepherd's of Good Hope
☐ Detention center
☐ Own apartment

☐ Other (specify) _____

CURRENT SOURCE OF INCOME

☐ Social assistance
  ☐ OW or ☐ ODSP
☐ Employment
☐ Employment Insurance
☐ Other (specify) _____
☐ Children's Aid Society
☐ Pension
☐ Parents/grandparents
☐ None

About yourself: In general would you say your health is: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Have you ever participated in or been charged with an illegal activity? ☐ No ☐ Yes

If yes, what was the nature of the activity? _____

_____

Do you have or have you ever had a substance abuse problem or addiction? ☐ No ☐ Yes

What is your problem or addiction? (Check all that apply)

☐ Alcohol – How long have you had this problem? _____ Months _____ Years ☐ Active ☐ Recovering

☐ Cigarettes – How long have you had this problem? _____ Months _____ Years ☐ Active ☐ Recovering

☐ Gambling – How long have you had this problem? _____ Months _____ Years ☐ Active ☐ Recovering

☐ Street drugs (please describe): _____ ☐ Active ☐ Recovering

☐ Over the counter drugs (please describe): _____ ☐ Active ☐ Recovering

☐ Other (please describe): _____ ☐ Active ☐ Recovering

If in recovery, please list name and number of support program/worker

_____

Have you ever been diagnosed with or experienced the following: (Check all that apply)

☐ Depression	☐ ADD/ADHD	☐ Cancer	☐ Post traumatic stress
☐ Mood disorder	☐ Eating disorder	☐ Heart disease	☐ Anger management
☐ Bipolar	☐ Developmental delay	☐ Suicidal ideation	☐ Pregnancy/single parent
☐ Anxiety/Panic disorder	☐ Schizophrenia	☐ Diabetes	☐ Hygiene problems
☐ STDs	☐ Personality disorder	☐ Chronic fatigue syndrome	☐ Drug use/abuse
☐ HIV/Aids	☐ Self injury behaviour	☐ Learning disability	☐ Alcohol use/abuse
☐ Hep C	☐ Other (specify)_____		
☐ Epilepsy	_____		

Have you ever been hospitalized or in treatment for any of the above? When and for how long?

_____

_____

_____

Do you have a family physician? ☐ No ☐ Yes

Do you have a dentist? ☐ No ☐ Yes

Do you go to a community health centre/clinic for health/dental care? ☐ No ☐ Yes

Are you limited in the kind or amount of activity you can do because of a long-term (6 months or more) physical or mental health condition? ☐ No ☐ Yes

Are you accessing any professional individuals for support or treatment? ☐ No ☐ Yes

If yes, please specify agency and support individual with contact information (i.e. doctor, counselor, social worker, mental health worker, etc): _____

_____

_____

Do you have any family supports?_____

_____

_____

The following are a list of skills that are important to live independently.
For each skill please rate yourself on a scale of 1 to 5, where 1 = I am really good at this, and 5 = I am terrible at this

_____ Paying bills	_____ Cleaning/house keeping	_____ Money management	_____ Getting along with other tenants in the building or your roommates
_____ Cooking/grocery shopping	_____ Getting along with your landlord	_____ Being a good neighbour	

Finally there are just a few more important questions about yourself.

Are you? ☐ Single ☐ Married/Common law/Same sex union ☐ Separated/divorced ☐ Widowed

Where were you born?

☐ Canada ☐ Other (specify) _____ (If other) What year did you come to Canada? _____

What is your current status in Canada?

☐ Citizen ☐ Refugee Claimant ☐ Visitor/Student Visa ☐ Permanent Resident/Landed Immigrant

To what ethnic or cultural group do you belong? (e.g. French, English, Chinese, etc.) _____

Do you identify as a visible minority? _____

Do you idenfity as an aboriginal person? ☐ Yes If yes, are you ☐ First Nations ☐ Inuit ☐ Metis

What is your primary language?)

☐ English ☐ French ☐ Other (specify)_____

In which of the two official languages are you most comfortable? ☐ English ☐ French

What is your highest level of education?

☐ Some or completed elementary

☐ Some high school

☐ Completed high school

☐ Some or completed trade school or equivalent

☐ Some college (CEGEP)

☐ Completed college degree (CEGEP)

☐ Some university

☐ Completed university degree

☐ Other (specify)_____

Are you:

☐ Working full time

☐ Working part time

☐ Looking for work

☐ Unable to work/disabled

☐ Self employed

☐ Retired

☐ Informal
Binning (dumpster diving), petty crime, etc.

☐ Student (describe full or part time and level): _____

☐ Other (specify)_____

What is your gross (before taxes) annual income from sources?

☐ No income

☐ Less than $5000

☐ $5,000-$8,000

☐ $8,001-$12,000

☐ $12,001-$15,000

☐ $15,001-$20,000

☐ More than $20,000

☐ Don ‘t know/refused

Do you identify as:

☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Two Spirit ☐ Questioning

RENTAL HISTORY **Last or current address and landlord:**

Address: _____

City: _____ Province: _____ Postal code:_____

Landlord:_____ Contact name: _____

Phone: (H)_____ (C)_____ (W)_____

Length of tenancy: _____

Reason(s) for leaving: _____

_____

Previous rental information (If less than two years at current address)

Address: _____

City: _____ Province: _____ Postal code:_____

Landlord:_____ Contact name: _____

Phone: (H)_____ (C)_____ (W)_____

Length of tenancy: _____

Reason(s) for leaving: _____

_____

I _____ understand that I am applying for a supportive housing program that will assist me to acquire the skills and supports I need to live independently. I agree to provide consent to allow the YMCA-YWCA Housing Services to contact relevant individuals for the purposes of reference checks and on going case management coordination. I also understand that a condition of my acceptance into the program will be my agreement to follow all the conditions of the individual goal plan established with me based on my needs and goals. I further understand that this housing program is exempt from the provisions of the Residential Tenancies Act 2006

Applicant Signature _____ Date Received _____

Application accepted: ☐ No ☐ Yes

If no, reasons_____

_____

Additional Comments: _____

_____

_____

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