



*Youth Haven Transitional Housing
Information and Application*



Youth Haven Transitional Housing is designed to focus on the longer-term needs of homeless or at-risk youth that are harder to address in an emergency shelter setting. Youth can enter from the emergency shelter, outreach services, self referral or be referred by other agencies.

While it provides more independence than a shelter, it is not independent living; rather it is semi-independent and life skills-based transitional housing.

Youth are subject to expectations and guidelines within the program, they must develop a personal plan, attend life skills classes, be in school or working and meet with support workers etc.

They must have a respect and want to be in the program.



Program Details and Fees

The duration of stay varies with everyone (*4 years maximum or until their 25th birthday*) but the overall focus is the same: helping youth develop the skills needed to live independently or to live on their own with minimal supports. Most youth who come to our Transitional Housing have never learned the skills necessary to live independently, including grocery shopping and cooking, maintaining a budget/schedule, paying bills, finding, and keeping a job, completing their education, and just generally taking care of themselves. Youth Haven teaches these skills and helps youth move on to independent living.

Program fees

There is a monthly program fee for our Transitional Housing Program. These funds assist in helping cover the cost of dinners, household expenses, staffing and special events.

Single Larger Units: \$550.00

Large Double Units/ Small Single Units: \$450.00

This is not a rental payment; this is a program fee. You are not entering a lease and Transitional Housing does not fall under the Residential Tenancies Act.

Financial Barriers: If you are feeling like the financial obligation is a barrier to applying for our program, please speak to any of our staff and we will gladly assist you.



TRANSITIONAL HOUSING APPLICATION FORM

Transitional Housing Program Youth Haven

We are glad you are interested in applying for the Transitional Housing Program at Youth Haven! The Transitional Housing Program at Youth Haven is an opportunity to make positive changes, gain independence and self-sufficiency with supports close at hand to help through case management and counseling.

This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire. The questions in this application are included solely as a way to establish whether this program is a good fit for your needs and situation. You have the right to not answer any question(s) you believe is not necessary to determine eligibility.

Please complete this application and return it to the person you received it from (shelter staff, transitional case manager, counselor, etc.) Once we have received your application, we will review it and contact you within one week. If you are eligible, we will set-up a time to meet and discuss the next steps in the process. If we currently do not have space available but you're still interested in being placed on the wait list, you can let us know when we contact you.

Thank you for your interest!



Transitional Housing Program Information

The program provides:

- Advocacy and emotional supports, including counseling and case management
- Life Skills which include but aren't limited to: vocational and employment assistance, daily life routine such as cooking, budgeting, etc.
- Assistance with advocacy to continue education
- Safety planning
- Food security
- Shelter security for up to four years less a day
- Referrals to community services and resources
- Follow-up services upon exiting the program
- Experience with semi-independency within the transitional program to gain confidence
- Assistance finding and maintaining permanent housing
- Creating and implementing steady and achievable goals

Criteria:

- A moderate to high acuity level from SPDAT assessment
- 16-24 years old
- Source of income; OW, ODSP, Employment, etc.
- Chronic, episodic homelessness history

Rights and Responsibilities

Appealing any decision made for your application to the Transitional Housing Program can be made to Katharine Russell, Transitional Case Manager.



Personal Information

Name: _____	Preferred Name: _____			
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans	<input type="checkbox"/> Two-Spirited	<input type="checkbox"/> Genderqueer
<input type="checkbox"/> Other: _____				
Date of Birth: _____	Current Age: _____			
Address: _____	City: _____			
Phone Number: _____	Email: _____			
First Language: _____	Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Status: <input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Permanent Resident		
<input type="checkbox"/> Convention Refugee	<input type="checkbox"/> Refugee Claimant	<input type="checkbox"/> No Status		
Do you require any accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:			

Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:			

Have you applied to this program previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____			



HOUSING

What best describes your current living situation?

- | | | |
|---|---|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Outside/Squatting | <input type="checkbox"/> Couchsurfing |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Hospital | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Living with family/friends | <input type="checkbox"/> At risk of losing housing |
| <input type="checkbox"/> Evicted from housing | <input type="checkbox"/> Transitional program | <input type="checkbox"/> Other: _____ |

Given that this is a transitional program, what are your housing goals?

1.)

2.)

3.)

INCOME

What is your source of income?

- | | | | | | |
|--------------------------------|-----------------------------|-------------------------------|-------------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> OW | <input type="checkbox"/> ODSP | <input type="checkbox"/> Employment | <input type="checkbox"/> OSAP | <input type="checkbox"/> CAS |
| <input type="checkbox"/> Other | _____ | | | | |



Employment

Are you currently working? Yes No Full-Time Part-Time (# of hours per week ___)
 Self Employed Volunteer

Name of employer: _____

If no, is employment an option for you? _____

Are you currently in an employment training program? Yes No

Name of Program: _____

If no, would you consider these employment options?
 Youth Quest Youth Job Connect Temp Agencies Other

Do you have a current and up to date resume? Yes No

Are you currently receiving any employment related supports? Yes No

If yes, where? _____

Education

Currently in school? Yes No Full-Time Part-Time

Name of school: _____

Highest Grade Completed: _____

Number of Credits Obtained: _____

Number of Community Service Hours Completed: _____

Other Educational/Training Experiences:

Would you like to return to school? Yes No

Barrie Learning Centre SIL Program Georgian Upgrading GED
 College/University Literacy Council



JUSTICE SYSTEM INVOLVEMENT

Are you on probation? Yes No

If yes, please list the conditions:

Do you have any outstanding charges: Yes No

Do you require support in getting a lawyer? Yes No

Health

Do you have any physical health concerns? Yes No

If yes, please describe:

Do you have any mental health concerns? Yes No

If yes, please describe:

Do you have any allergies? Yes No Do you have an EPI PEN? Yes No

If yes, please list:

Do you currently use substances? Yes No

If yes, what is your substance(s) of choice?



Social Supports

What does your social supports look like?

Are you currently receiving support from any community agencies? Yes No

If yes, please list: 1.) _____
 2.) _____
 3.) _____

Other

How do you think this program will benefit you?

What are three goals you would like to accomplish while in this program?

- 1.) _____

- 2.) _____

- 3.) _____

Is there anything else you would like us to know?
