**YWCA NIAGARA REGION**

**TRANSITIONAL HOUSING PROGRAMS**

**Off-Site Transitional Housing Program**

**Niagara Falls/Welland/Fort Erie/West Niagara**

**YWCA Mission Statement**:

“To be the change agent for community transformation, ending gender inequality and social injustice.”

**Philosophy of Care Statement**:

We provide the highest quality of care in a respectful, compassionate and dignified manner.

Our program is a Transitional Housing Program that is designed to provide safe, affordable, transitional housing for 3 yrs within Niagara Falls, St. Catharines, Welland and Fort Erie and West Niagara. The program is designed for men, women and single individuals with their children. The program is individualized to meet the specific needs of each participant. While engaged within the program each individual will work with a Transitional Support Worker on self-identified goals to ensure that the resident is able to leave the program into successful independent housing. This is done by meeting with the participants monthly to go over short and long term goals.

Please indicate which program location you are in interested in applying for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | St. Catharines | Offsite Program | T: 289-273-2874 | F: 289-273-2874 |
|  | Niagara Falls | Offsite Program | T: 905-988-3528 ext. 4021 | F: 905-357-9161 |
|  | Welland/ Fort Erie | Offsite Program | T: 905-650-6883 | F: 289-820-7662 |
|  | West Niagara | Offsite Program | T: 289-235-8747 ext. 3281 | F: 1-289-235-8031 |

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**Transitional Housing**

**Application**

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| **Applicant:** | | | | | | | | | | |
| First Name: |  | | | | | Last Name: | |  | | |
|  | | | | |  | | |
|  | | | | | | | | | | |
| Date of Birth: | | |  | | | | Age: |  | | |
|  | | | |  | | |
| *DD/ MM/ YYYY* | | | | | | | | | | |
| Marital Status | | □ Married | | □Separated | □Divorced | | | | □Single | □Partnership |

|  |  |  |  |  |  |  |  |  |  |  |
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| **Co-Applicant:** | | | | | | | | | | |
| First Name: |  | | | | | Last Name: | |  | | |
|  | | | | |  | | |
|  | | | | | | | | | | |
| Date of Birth: | | |  | | | | Age: |  | | |
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| *DD/ MM/ YYYY* | | | | | | | | | | |
| Marital Status | | □ Married | | □Separated | □Divorced | | | | □Single | □Partnership |

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| **Referral Information:** | | | | |
| Referred From: | |  | Preferred Language: |  |
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|  | | | | |
| Contact: | |  | | |
|  | | |
|  | | | | |
| Comments: |  | | | |
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| **Previous Accommodation** | | | | | |
|  | | Correctional Facility | |  | Transitional Housing |
|  | | Hospital- Medical & Psychiatric | |  | Residential Care Facility |
|  | | Unsheltered (street, vehicle, campsite, public space, squatting) | |  | Foster Care |
|  | | Staying with friends, family, strangers | |  | Alcohol/Drug Recovery facility |
|  | | Emergency Shelter | |  | Supportive Housing |
|  | | Rental Housing | |  | Subsidized/Social Housing |
|  | | Ownership Housing | |  |  |
|  | Other: | | (Please specify) | | |

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| **Client Type** | | | | | |
|  | | Youth | |  | LGBTTQ |
|  | | Senior | |  | Veteran |
|  | | Victim of Family Violence | |  | Recent Immigrant |
|  | | Person of colour/racialized person | |  | Refugee |
|  | | Client type not indicated | |  |  |
|  | Other: | | (Please specify) | | |

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| --- | --- | --- | --- | --- | --- |
| **Identifying Gender** | | | | | |
| Male | Female | Genderqueer/Gender nonconforming | Two-Spirit | Trans Female | Trans Male |
| Other: | | | | | |

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| **Current Living Information** | | | | | | | | |
| Current Address: | |  | | | | City: |  | |
|  | | | |  | |
|  | | | | | | | | |
| Postal Code: |  | | | | Email Address: | | |  |
|  | | | |  |
|  | | | | | | | | |
| Contact Number: | |  | Alternate Contact # | | | | |  |
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|  | | | | | | | | |
| May a message be left for you at these numbers? | | | |  | | | | |
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| **Emergency Contact Information** | |
| Name : |  |
|  |
|  | |
| Street Address: |  |
|  |
|  | |
| City: |  |
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|  | |
| Phone number: |  |
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| **Children Information** | | | | | | | |
| Do you have children in your care? | Yes  No | | | | If yes, How many? |  | |
|  | | | |  | |
| Name | | Age | Date of Birth | | | | Gender |
|  | |  |  | | | |  |
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| Are you currently Pregnant? | Yes  No | | | If yes, what is your due date? | |  | |
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| **Community Services** | | |
| Are you currently involved with any community agencies? | | Yes  No |
|  | | |
| If so which agencies? |  | |

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| **Medical Information** | | | |
| Do you have any current health concerns? | Yes  No | If so, please explain? |  |
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| **Presenting Issues** | | | |
| Do you have any addictions? If so What?  *(Alcohol, Drugs, Gambling, etc.)* | Yes  No | If yes, please give details.  (Frequency of use, clean time) | |
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| Are you interested in treatment of any kind or have you attended any treatment? | Yes  No | If yes, please give details.(Where, When) | |
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| Do you agree to abstain from using alcohol or illicit drugs while in this program? | | | Yes  No |

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| Have you ever been to see a Psychiatrist/Psychologist? | | | | | | Yes  No | | |
|  | | | | | | | | |
| Name: |  | | | | Address: | |  | |
|  | | | |  | |
|  | | | | | | | | |
| Phone Number: | |  | | | Fax Number: | |  | |
|  | | |  | |
|  | | | | | | | | |
| Is there ongoing care? | | | Yes  No | Psychiatric Diagnosis: | | | |  |
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| **Expectations of the Program** |
| What do you know about the YW Transitional Housing Program? |
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| What expectations do you have from me personally as your Transitional Housing Support Worker/Case Worker? |
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| What behaviours or lifestyle habits do you currently engage in that you believe enhances you? |
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| What behaviours or lifestyle habits do you currently engage in that you believe are self-destructive? |
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| What barriers do you foresee in making lifestyle changes? |
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| **Income Information** | | |
| Income (e.g. OW, ODSP, earnings, support payments, pension, etc.) - you must disclose all income sources and amounts. | | |
| **Source:** | **Amount:** | **Frequency** |
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| If receiving Ontario Works or ODSP, please provide Case Managers name and contact information: | |
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| OW/ODSP Case Manager: |  |
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| **Niagara Regional Housing** | | | |
| Are you eligible for Niagara Regional Housing? | | | Yes  No |
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| If not, please explain why? |  | | |
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| Do you give the YWCA Niagara Region permission to verify that you are active on the general waitlist with Niagara Regional Housing? | | | Yes  No |
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|  | | | |
| Do you owe any funds to Niagara Regional Housing? | | Yes  No | |
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| If yes, please explain why? |  | | |
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| **The above information with Niagara Regional Housing will need to be verified prior to an interview being booked for the Off-Site Transitional Housing Program through the YWCA Niagara Region.** | | | |

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| **Eligibility**  **Lifestyle and Environment** | |
| Employment: Are you currently working? If so where do you work? If no, who was your last employer? | |
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|  | |
| How many hours do work in a week? |  |
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| Why do you think you could benefit from living in supportive housing? |
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| Is there anything else we should know about you that will help us assess your suitability for the program and help us to serve you better if you are accepted? |
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| **Housing History** |
| Provide a list of your housing placements for the last year (please include dates). |
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| What caused you to leave your previous living arrangement? |
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| How long have you been living in your current living arrangement? |
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| Please list the barriers to permanent housing that you have encountered. |
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| How much are you able to pay for rent per month? | | | |  | |
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| What is your preference in an apartment? Please list in order of preference (1, 2, 3) 1 being your first choice. | | | | | |
|  | | | | | |
| \_\_\_\_\_\_ Ground Floor | \_\_\_\_\_\_ Basement | | | | \_\_\_\_\_\_ Upstairs |
|  | | | | | |
| Are you able to climb stairs? | | Yes  No | | | |
|  | | | | | |
| Do you smoke cigarettes? | | Yes  No | | | |
|  | | | | | |
| Do you own any pets? If so, Please list: | | | Yes  No | | |
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| **Personal Growth** | |
| Please list three short-term goals and three long term goals that you would like to achieve | |
| **Short Term** | |
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| **Long Term** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| What skills do you need or want to develop? Please check off as many that are applicable to you. | | | |
|  | | | |
| Budgeting | | Relationship/ Life Skills | Parenting |
|  | | | |
| Education/Training | | Anger Management | Self-Esteem |
|  | | | |
| Any Others: |  | | |

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| Would you like to be involved in any support groups offered by the YWCA: | |
| Sex Trade On My Terms (STOMT)  Drop in programs in St. Catharines & Niagara Falls.  STOMT is a weekly drop-in for women-identified individuals who engaged in survival sex work. We offer sex positive, non-judgmental support in an inclusive, safe space. Participants can come hang out and grab a meal, access community referrals and resources, clothing donations and harm reduction supplies, or just drop by for a chat. | Women’s Addiction Recovery Mediation (WARM)  Virtual groups Monday & Wednesday.  WARM provides Personal Support Recovery Programs designed for women experiencing addiction and families affected by addiction. Professionally facilitated, participants are guided through a process group that provides the opportunity to share experiences with addiction in a safe, confidential and mutually respected environment. Participants are then invited to consider a psycho-educational skills development activity that builds motivation, awareness, coping skills and a balanced life of wellness. |
| Yes  No | Yes  No |

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| --- |
| Are you willing to sign a participation agreement with the YWCA? (You can revoke the relationship at any time; however, this action will result in your immediate discharge from the program.) □Yes □No |

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| **City Selection** | | | | |
| Niagara Falls | St. Catharines | Welland | Fort Erie | Port Colborne |
| Grimsby | Beamsville | Vineland | Jordan Station | Smithville |

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| **Eligibility Requirements** | |
|  | 16 years of age or older |
|  | Substance free for 1 year |
|  | Willingness to learn new skills |
|  | Inspired to set goals and work on improving their lives for a year |
|  | Must be Niagara Regional Housing approved (Off-Site Specific) |

I certify that all the information I have provided in this application is true to the best of my knowledge and that if I knowingly falsify information in this application, I may be denied admission to the program or discharge from it.

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| --- | --- | --- | --- |
| **APPLICANT SIGNATURE:** |  | **DATE:** |  |

# ***Niagara’s Homeless-Serving System Consent to Collect and Share Personal Information***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to share my personal information within the Homeless-Serving System in Niagara region.

I understand that my personal information may be used:

* To help me and/or my family find and/or keep a home; and
* To inform future service improvements.

I understand that my personal information will be recorded in the Homeless Individuals and Families Information System (HIFIS) secure database. This database is used by Service Providers within Niagara’s Homeless-Serving System to document and share information about me and the services that I receive.

I understand that I can see a list of the Service Providers within Niagara’s Homeless-Serving System at www.niagararegion.ca.

I understand that my consent is voluntary, and that failure to provide consent will not limit my access to emergency services like street outreach and emergency shelter, but may limit the ability of Service Providers to work together on my behalf and may limit some housing and service options available to me.

I understand that I may withdraw my consent at any time by written request, but that withdrawal of consent will not be retroactive.

I confirm that I have reviewed the attachment titled ***Important Information about Consent***.

 I have read, or have had read to me, and understand the consent set out above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Participant) Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Service Provider) Date Signed



For clients with dependents under 16 years of age accessing services:

Any consent given (on Page 1) also relates to my dependents. Please list any dependents below:

|  |  |
| --- | --- |
| **Name of Dependent** | **Date of Birth of Dependent** |
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***For Declined Consent:***

□ I have read, or have had read to me, and understand all parts of this consent form and DO NOT give consent.

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Print Name Date Signature

***For Removing Consent:***

□ By signing below, I understand that I have requested to remove consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date Signature

***Notice of Collection:***

Personal information is collected under the authority of the Housing Services Act, S.O. 2011,

c.6, Schedule 1, and will only be used for the purposes of providing services related to finding and keeping a home within the Niagara region. Questions about this form should be directed to homelessness@niagararegion.ca

Personal Information will be collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, 1990 (MFIPPA). Information is collected under the legal authority of the Municipal Act, 2001 and the Housing Services Act, 2011.

Your personal information will be used to connect you with social services and support. For more information contact the Manager of Homelessness Services, T: 905-984-6900 ext. 3863 or HSCEadmin@niagararegion.ca, Subject Line: Personal Information Request.



# ***Important Information about Consent***

# **What is Niagara’s Homeless-Serving System?**

Niagara’s Homeless-Serving System is a group of Service Providers that provide support to people experiencing homelessness or at risk of homelessness in our community, and that are collectively working towards ending homelessness in the Niagara region. These Service Providers include but are not limited to the following:

* Prevention programs
* Diversion programs  Outreach programs
* Emergency Shelters
* Transitional and Supportive Housing programs (these could include but are not limited to Housing First, Home for Good, and Transitional Housing)
* Niagara Region Community Services Department (including Niagara Regional Housing)  Veterans Affairs

**What information do we collect?**

Your personal information and details about the services you receive and the outcomes of those services from within Niagara’s Homeless-Serving System will be collected to better connect you to services and supports.

**What if there’s some information that I don’t wish to share?**

If you feel that some of your information is sensitive, or that sharing certain details could impact your safety or the safety of others, please discuss this with staff right away.

**Who will have access to my information?**

Niagara Region staff and staff within Niagara’s Homeless-Serving System would have access to your information for the purposes of providing you with services and supports that can help you and/or your family find and keep a home, such as the organizations listed above in the “*What is Niagara’s Homeless-Serving System*” section.

**What if I change my mind and don’t want to share my information anymore?**

You can remove your consent to share your information at any time by speaking to staff at any Service Provider. You should let them know that you want to stop sharing information about yourself. If you do change your mind and decide to remove consent, your file will still be available to staff, but any new information moving forward will be anonymous.

You can, at any time, sign a new consent agreement with any one of the Service Providers in Niagara’s Homeless-Serving System to share personal information.

**What do we do with your personal information?**

* Your personal information will be shared through the By-Name List and through HIFIS with other Service Providers in Niagara’s Homeless-Serving System.

* The By-Name List (BNL) is a real-time list of individuals experiencing homelessness who have received a service from Niagara’s Homeless-Serving System in the past 90 days. The BNL is used as part of the Coordinated Access System to match individuals experiencing homelessness with appropriate housing and service options.

* Your personal information will be used and shared by the Service Providers working with you as part of Niagara’s Homeless-Serving System to offer and provide you with services and supports that focus on ending your homelessness, or preventing homelessness.

* To help support the continued investment into homelessness and housing programs, Niagara Region may use and share non-identifying, aggregate data in community and internal reports. The information collected will not indicate who you are or that the information belongs to you.

* Aggregated and non-identifying information may be provided to Niagara Region, the Province of Ontario, the Government of Canada (including to the Ministry of Employment and Social Development) and/or Community Partners to support policy analysis, research and evaluation of existing policies and programs related to homelessness.

* Your name and identifying information may be viewable by Niagara Region staff for the purposes of billing and/or technical support with the BNL and HIFIS database. Information within the BNL and HIFIS database is secure and will not be shared or used for any other purpose than to help secure you with appropriate supports and housing. Information will not be shared without your consent, unless required by law.

**Are there times when a Service Provider may have to share my information without my consent?**

Yes, staff are required to share personal information if:

* A child 16 years or younger has experienced abuse or harm or may be at-risk of abuse or harm;
* Someone is a threat to themselves or another person;  We are ordered by law to share your information.

