



## **WESLEY YOUTH HOUSING**

### **REFERRAL INFORMATION**

Wesley Youth Housing (WYH) aims to facilitate the empowerment of youth to build independent living, education and employment skills needed to attain and maintain independent housing. Through a multi-staged housing program, an individualized and strengths-based approach with each young person will be used, to help them achieve their goals of independent living.

#### **PROGRAM COMPONENTS:**

##### ***Stage One***

Residents will live in a communal pod with up to two other youth. Each youth will have their own locking bedroom. Residents will participate in week life skills, goal setting, social and recreational programming. Residents will co-create an Individualized Living Plan with an Intensive Case Manager, focusing on goals to support their education, employment and independent living skills.

There will be expectations around chores, curfew and program participation. A range of programming (including life skills) will be offered (both voluntary and mandatory) by youth workers and community partners. Residents will be encouraged to complete this stage in up to one year. Once the young person and youth workers agree that they have met their goals, the young person may graduate to Stage "UP". There is an opportunity for youth to move to stage 1.5, when youth excel in areas of stage "in" expectations. The youth will live in their own bachelor apartment on the 5<sup>th</sup> floor, while maintaining stage "in" expectations and continue to work on goal areas.

##### ***Stage "UP"***

In Stage "UP", residents will live in their own bachelor apartments. Residents will be encouraged to practice the independent living skills learned in Stage "IN". Residents will not be expected to participate in programming but will have the opportunity to connect as desired. Residents will also not be expected to meet with Case Managers as often, but will be able to book appointments as necessary. Residents may stay in this stage for up to one year.

#### **HOUSING INFORMATION:**

There are 9 rooms in Stage "IN", and 10 bachelor apartments in Stage "UP". Residents in Stage "IN" are required to share a kitchen, two washrooms, and the living/dining area of their unit with two other youth. Each resident will have their own bedroom with balcony. Residents are responsible for their own cooking, cleaning and laundry. They are expected to care for their space and themselves. Another important expectation is that they will be working with Case Managers regularly to identify and monitor their goals of independent living, employment and education.

Residents are expected to pay a "Program Expense" every month (similar to rent). This program expense is subsidized.



## WESLEY YOUTH HOUSING PROGRAM

### PLEASE CONSIDER REFERRING YOUTH WHO:

- Are between the ages of 16-21;
- Are experiencing homelessness or at risk of homelessness;
- Are ready and willing to engage in either education or employment programming (are in school or working or actively working toward either of these)
- Have independent living goals and will likely (with support) be able to achieve those goals;
- Have an income, or are eligible to receive Ontario Works;
- Can live cooperatively with other youth.

### PROCESS:

- With the potential participant, fill out the attached application. This application will provide a preliminary glance at the fit between the youth and housing program. Do not forget to fill out the Release of Information with Referring Worker section
- WYH accepts self, family and professional referrals
- Applicant will be contacted for an assessment interview, or to let them know they will be placed on the waiting list, or to notify them that they do not fit the program requirements at the current time.

If the applicant is considered a potential candidate, an assessment interview will be scheduled (the interview will take about 2 hours). Once the assessment interview is complete, further information may be collected (information regarding school enrollment, Ontario Works eligibility, etc.). Youth will also be asked to provide references. The potential participant will be notified if they are approved to move in or if they have not been approved (with the reason why) and with appropriate referrals.

- If two messages are left and contact is not made with the youth, the next applicant will be contacted.

**If you have any questions, please call us today at 905-527-4430 Ext. 28**

**Applications can be emailed to [youth.housing@wesley.ca](mailto:youth.housing@wesley.ca)**

Wesley Youth Housing Program



## YOUTH APPLICATION FORM

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_

Current Living Accommodation: \_\_\_\_\_

How long: \_\_\_\_\_

Previous Living Accommodation: \_\_\_\_\_

How long: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

If we need to leave a message, can we identify ourselves as from Wesley Youth Housing?

Yes  No

Alternate Contact: \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_

If we need to leave a message, can we identify ourselves as from Wesley Youth Housing?

Yes  No

Date of Birth: \_\_\_\_\_ (Day) / \_\_\_\_\_ (Month) / \_\_\_\_\_ (Year) Identified Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Current Age: \_\_\_\_\_

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If non-binary or fluid, which pod would you prefer and feel most comfortable in?

Female-Identifying  Male-Identifying  Either

Have you ever applied to Wesley Youth Housing before?  Yes  No

If yes, when? \_\_\_\_\_

Language Usage:



- English is my first language                       Francophone
- English is my second language (what is your first language?) \_\_\_\_\_
- Is an interpreter required?  Yes  No

INCOME

Source of Income:

- Full-time employment                       Part-time employment                       Casual/temp work
- Ontario Works                                       Ontario Disability Support Program                       No income/Need help with getting income
- Other: \_\_\_\_\_

For how long? \_\_\_\_\_

EDUCATION

- Are you presently in school?     Yes     No
- If yes, are you in school full-time or part-time?     Full-time     Part-time
- What school are you presently attending? \_\_\_\_\_
- If no, why not? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you have any long-term educational goals? If so, what are they?  
\_\_\_\_\_

Do you have any concerns about your reading abilities or learning? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CRIMINAL HISTORY

- Are you currently on bail?                       Yes                       No
- Are you currently on probation?  Yes                       No

MEDICAL HISTORY



Do you have any health concerns (Medical, Physical, Emotional)?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any diagnoses of mental or physical conditions?

\_\_\_\_\_

Do you have a family doctor in Hamilton?  Yes, Name \_\_\_\_\_  No

Do you see a psychiatrist or other specialist in Hamilton?  Yes,  No

Name: \_\_\_\_\_

HOUSING INFORMATION

Please check off your current living situation:

With parents  With friends  With other family  Street

Shelter or hostel *Name of Shelter:* \_\_\_\_\_

Group home/ foster home *Name of Group/ Foster Home:* \_\_\_\_\_

Couch surfing  Other: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

How long can you stay there? \_\_\_\_\_

Do you feel safe/comfortable there? \_\_\_\_\_

Do you have any other housing options? \_\_\_\_\_

Are you looking for a long-term or short-term stay? \_\_\_\_\_

Have you ever used the shelter/hostel system?  Yes  No If yes, when and where was your most recent stay?  
\_\_\_\_\_

Have you ever had your own apartment/lived independently?  Yes  No

If yes, what led to you losing that independent housing?  
\_\_\_\_\_

Are you working with **Children's Aid Society** or **Catholic Children's Aid Society**?

Yes  No

Have you ever been involved with the **Children's Aid Society** or the **Catholic Children's Aid**

**Society**?  Yes  No



PROGRAM FIT AND GOALS FOR ENTERING THE PROGRAM

Please tell us why you think you are prepared for a shared living environment where you are expected to participate with programming, work through conflicts with housemates and participate in chores.

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Please list five specific goals you want to achieve in 6 -12 months at Wesley Youth Housing:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

How do you think that the WYH program can help you reach your goals? \_\_\_\_\_

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The WYH program is a semi-independent program, please name 5 skills that you already have that will help you to succeed in this program and to get and keep your own apartment:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

At WYH you are expected to live collaboratively. Do you have any concerns about living with someone who:

- Is of the opposite sex?  Yes  No
- Has a mental health concern?  Yes  No
- Has a different ethnic background?  Yes  No
- Has a physical/developmental disability?  Yes  No



Has a sexual orientation/gender identity different than your own?  Yes  No

Has a criminal record?  Yes  No

Currently or formerly use(d) drugs/alcohol?  Yes  No

If there are any other factors that would be of concern to you, please explain.

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**RELEASE OF INFORMATION WITH REFERRING WORKER**

I, \_\_\_\_\_, hereby permit any exchange of  
*print name of applicant and date of birth*

information deemed appropriate between Wesley Youth Housing staff and

\_\_\_\_\_ to **facilitate** my application to Wesley Youth  
*print referring work agency*

Housing. I understand that information exchanged will be handled in a confidential manner.

Date: \_\_\_\_\_ This will be used for processing the application to WYH

Applicant Name (*printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Referring Worker (*printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

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Wesley Youth Housing





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Please note:

- Referring Worker Questionnaire should be completed in addition to application form
  - Applicants who meet the eligibility criteria will be contacted for an assessment interview
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## **REFERRING WORKER QUESTIONNAIRE**

Referring Worker: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Fax#: \_\_\_\_\_

How long have you been working with this youth? \_\_\_\_\_

1. Currently have you observed the following while you have been working with this youth?

- Has no plan/direction to set goals
- Cannot cope with stress and struggles to function
- Overwhelmed and unable to manage
- In denial and not taking ownership
- Motivated to change and wants and needs support
- Has direction and is able to set goals and follow through
- Quick to learn and self starter
- Ready, able and eager to work for positive change
- Follows through on commitment or task given
- Coping with the present stress but needs assistance to make a plan
- Being pro-active in resolving his/her problems. Please describe how.

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2. To your knowledge and through your observation, does this youth struggle with:



a) Mental health concerns? Please be specific.

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b) Substance use/abuse concerns? Please be specific.

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c) Aggression/Emotional Regulation concerns? Please explain.

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3. What are the reasons why you are referring this youth to Wesley Youth Housing Program? Please be specific.

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4. What type of support do you think this youth needs most from the Wesley Youth Housing Program staff?

Case Management

Independence Skills

One to one counseling

Laundry Skills

Case management support

Cleaning Skills

Goal setting

Hygiene Skills

Budget counseling

Time Management Skills

Emotion and anger management

Cooking Skills

Coping skills

Grocery Skills

Job skills

Budgeting Skills

Other (please list below):

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5. On a scale of 1 (least likely) to 10 (most likely) where would you place this youth's likelihood of being able to live independently after one year of being at Wesley Youth Housing Program?

Scale (please circle): 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Please provide any/all evidence you have to support your evaluation. (If needed, please continue on a separate sheet of paper)

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6. Are you willing and able to continue as a support contact for this youth? How involved will you be? Please be specific (weekly meetings, phone calls, visits, etc.)

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**REFERRING WORKER(S) AGREEMENT STATEMENT:**

I have read through the Wesley Youth Housing program package and understand the WYH's criteria for acceptance. I have advised my client that there is an application and interview process which will determine which applicant will best meet the suitability criteria. Furthermore, I have explained to my client that they will have to commit to some mandatory program attendance, case management support and working on their goals and action plan to live at WYH. I plan on continuing to work with this young person towards a plan of action while this application is being processed.

\_\_\_\_\_  
Name of Referring Worker

\_\_\_\_\_  
Signature of Referring Worker

\_\_\_\_\_  
Date

**\*\* Applications can be emailed to [youth.housing@wesley.ca](mailto:youth.housing@wesley.ca) \*\***