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**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 “IN”**

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 5th 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.

**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. Please print completed form and sign.
* 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**

**WESLEY YOUTH HOUSING APPLICATION FORM**

**APPLICANT INFORMATION**

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text.

Preferred Name: Click or tap here to enter text.

Current Living Accommodation: Click or tap here to enter text.

How long: Click or tap here to enter text.

Previous Living Accommodation: Click or tap here to enter text.

How long: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

What is the best way to reach you? Click or tap here to enter text.

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

[ ] Yes [ ] No

Alternate Contact Person: Click or tap here to enter text.

Alternate Contact Phone Number: Click or tap here to enter text.

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

[ ] Yes [ ] No

Date of Birth: Click or tap to enter a date. Identified Gender: Click or tap here to enter text.

Pronouns: Click or tap here to enter text.

Current Age: Click or tap here to enter text.

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? Click or tap here to enter text.

Language Usage:

[ ] English is my first language [ ] Francophone

[ ] English is my second language (what is your first language?) Click or tap here to enter text.

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: Click or tap here to enter text.

For how long? Click or tap here to enter text.

**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? Click or tap here to enter text.

If no, why not? Click or tap here to enter text.

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

 Click or tap here to enter text.

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

Click or tap here to enter text.

**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: Click or tap here to enter text.

Do you have any diagnoses of mental or physical conditions?

 Click or tap here to enter text.

Do you have a family doctor in Hamilton? [ ] Yes [ ] No

Name: Click or tap here to enter text.

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

Name:Click or tap here to enter text.

**HOUSING INFORMATION**

Please check off your current living situation:

[ ] With parents [ ] With friends [ ] With other family [ ] Street

[ ] Shelter or hostel

Name of Shelter: Click or tap here to enter text.

[ ] Group home/ foster home

Name of Group/ Foster Home:Click or tap here to enter text.

[ ] Couch surfing [ ] Other: Click or tap here to enter text.

How long have you been there? Click or tap here to enter text.

How long can you stay there? Click or tap here to enter text.

Do you feel safe/comfortable there? Click or tap here to enter text.

Do you have any other housing options? Click or tap here to enter text.

Are you looking for a long-term or short-term stay? Choose an item.

Have you ever used the shelter/hostel system? [ ] Yes [ ] No

If yes, when and where was your most recent stay? Click or tap here to enter text.

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

If yes, what led to you losing that independent housing? Click or tap here to enter text.

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.

 Click or tap here to enter text.

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

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

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

 Click or tap here to enter text.

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. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

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.

 Click or tap here to enter text.

**RELEASE OF INFORMATION WITH REFERRING WORKER**

I, (name) Click or tap here to enter text., (date of birth) Click or tap to enter a date. hereby permit any exchange of information deemed appropriate between Wesley Youth Housing staff and

(Referring Agency) Click or tap here to enter text.

to facilitate my application to Wesley Youth Housing.

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

Date:Click or tap to enter a date.

This will be used for processing the application to WYH

Applicant Name Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Worker: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WESLEY YOUTH HOUSING**

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

**REFERRING WORKER QUESTIONNAIRE**

Referring Worker: Click or tap here to enter text.

Name of Agency: Click or tap here to enter text.

Telephone #: Click or tap here to enter text. Email: Click or tap here to enter text.

Fax#:Click or tap here to enter text.

How long have you been working with this youth? Click or tap here to enter text.

Have you currently 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.

Click or tap here to enter text.

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

a) Mental health concerns? [ ] Yes [ ] No

Please be specific.

Click or tap here to enter text.

b) Substance use/abuse concerns? [ ] Yes [ ] No

Please be specific.

Click or tap here to enter text.

c) Aggression/Emotional Regulation concerns? [ ] Yes [ ] No

Please explain.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. 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):

Click or tap here to enter text.

1. 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?

Choose an item.

Please provide any/all evidence you have to support your evaluation.

Click or tap here to enter text.

1. Are you willing and able to continue as a support contact for this youth? [ ] Yes [ ] No

How involved will you be? Please be specific (weekly meetings, phone calls, visits, etc.)

Click or tap here to enter text.

**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.

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Referring Worker Signature of Referring Worker

Click or tap to enter a date.

Date

**\*\* Applications can be emailed to****youth.housing@wesley.ca****\*\***