



## TRANSITIONAL HOUSING APPLICATION FORM

### 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: _____					
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: _____					

### 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"/> Living with family/friends	<input type="checkbox"/> At risk of losing housing
<input type="checkbox"/> Evicted from housing	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Transitional program	<input type="checkbox"/> Other _____
Do you require a couple room? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of applicant: _____			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time ( # of hours _____ )
	<input type="checkbox"/> Self Employed		Name of employer: _____	
	<input type="checkbox"/> Volunteer		Name of employer: _____	
Are you currently in an employment training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name of Program:	_____			
Are you currently receiving any employment related supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## EDUCATION

Currently in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Name: _____
Last Grade Completed:	_____				
Other Educational Experiences	_____				
Would you like to return to school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## JUSTICE SYSTEM INVOLVEMENT

*Please note that this information will not have an impact on the outcome of your application*

Are you on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please list the conditions:	_____				
Do you have any outstanding charges:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you require support in getting a lawyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## HEALTH

Do you have any physical health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please describe:	_____				
Do you have any mental health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please describe:	_____				
Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have an EPI PEN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:	_____				
Do you currently use substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, what is your substance of choice?	_____				

**SOCIAL SUPPORTS**

What does your social supports look like?

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

If yes, please list:    1.) \_\_\_\_\_

   2.) \_\_\_\_\_

   3.) \_\_\_\_\_

**PETS**

Please be advised that this is a pet friendly program. Do you have a pet?     Yes     No

If yes, what kind of animal? \_\_\_\_\_

Do you have any concerns with having pets onsite?     Yes     No

If yes, please explain:

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**OTHER**

How do you think this program will benefit you?

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How will you contribute to the YouthLink Community?

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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?

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**DECLARATION OF APPLICANT:**

To the best of my knowledge, I have provided the most accurate information in my application for YouthLink's transitional housing program.

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Name of Applicant

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Signature

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Date (D/M/Y)

**COMPLETED APPLICATIONS SHOULD BE SENT TO:**

**Attn: INTAKE**  
**747 Warden Ave.**  
**Scarborough, ON M1L 4A8**  
**Email: [transitionalhousing@youthlink.ca](mailto:transitionalhousing@youthlink.ca)**  
**Fax: 416 751 8888**



## TRANSITIONAL HOUSING REFERRAL FORM

Name: _____	Position: _____
Agency: _____	Phone Number: _____
Email: _____	How long have you known applicant? _____

Why are you referring this young person to this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant will benefit from the program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the applicant's greatest strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what areas does the applicant require the most support when transitioning to independent housing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION OF REFERRING WORKER:

To the best of my knowledge, I have provided the most accurate information in my referral for YouthLink's transitional housing program.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (D/M/Y)