



TRY Supportive Housing Program Application for Admission

COMPLETION INFORMATION

Date of application (MM/DD/YY): _____

APPLICANT CONTACT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

NICK NAME/ALIASES

Where are you currently staying?: _____

Current phone number(s): _____ E-mail: _____

APPLICANT INFORMATION

Date of birth (MM/DD/YY): _____ Age: _____ Gender: Female Transgender

I identify as: Gay Lesbian Bisexual Two spirit Questioning Other

IDENTIFICATION INFORMATION

Picture ID: Yes No

Do you use a mobility aid?: Wheelchair Cane Walker Scooter Do you use a sight aid?: Seeing eye dog White cane

Do you have other disabilities? (specify):

Do you have other supports or aids other than medication to assist you (specify):

REFERRAL INFORMATION

How did you hear about this program? Friend Family Agency Online Other (specify): _____

What are the reasons you are applying for supportive housing at this time:

- Leaving custody
- In a shelter
- Recovering from addictions
- Other (specify): _____
- Mental health issues
- Homeless
- Family breakdown
- Evicted
- Leaving treatment
- Fleeing

Name 3 immediate needs:

- 1) _____
- 2) _____
- 3) _____

COMMUNITY PROGRAMS

Name community programs you are using with the contact name and information:

PERSONAL INFORMATION

What is your status in Canada: Citizen Refugee Student visa Permanent Resident

Current source of income: _____

Are you: Working part-time Working full-time Going to school part-time Going to school full-time
 Retired Self-employed Other (specify): _____

What culture/ethnicity do you identify with? _____

What is your preferred language? _____

Do you identify as a visible minority? Yes No Are you an aboriginal person? Yes No

What goals would you like to work on during your stay in the TRY Program?

ACCOMMODATION HISTORY

Where have you lived in the past? (check all that apply):

Family Shared apartment Subsidized housing
 Women's shelter Rooming house Shelter
 Group home Own apartment Other (specify): _____

RENTAL HISTORY

Last or current address and landlord:

ADDRESS CITY PROVINCE

Landlord's name: _____ Landlord's telephone: _____

Length of stay: _____

Reason(s) for leaving: _____

I _____ understand that I am applying for a supportive housing program that will assist me to acquire skills and supports I need to live independently. I agree to provide consent to allow the YMCA-YWCA TRY Supportive Housing Program to contact relevant individuals for the purposes of reference checks and ongoing case management coordination. I also understand that a condition of my acceptance into the program will be my agreement to follow all the conditions of the individual goal plan established with me based on my needs and goals. I further understand that this housing program is transitional and is exempt from the provisions of the Residential Tenancies Act 2006.

APPLICANT SIGNATURE

WITNESS

DATE (MM/DD/YY)