HOME SUITE HOPE

Homeward Bound Halton Youth Pilot: Eligibility Criteria

Intake Eligibility:

- AGE: Applicant (parent) must be between the ages of 17 – 24 years old
- SINGLE PARENT: Applicant must identify as a single parent, meaning they are caring for a child/children (with at least one under the age of 17) without a partner.
- RESIDENT OF HALTON REGION OR ABLE TO COMMUTE INTO HALTON REGION: Applicant must be able to demonstrate their transportation plan to attend regular, mandatory programming held within the Halton Region, primarily in Oakville, and attend classes at various Sheridan College campus' (Oakville, Mississauga and/or Brampton). This can be through personal and public modes of transportation.
- CHILDREN: Applicant may have a maximum of three dependents and must have at least one child under the age of 17 years old. The child must reside with the applicant at least 50% of the time or have an active program in place to regain custody (i.e. child is in care of CAS).
- HOUSING: Applicant cannot be living in subsidized housing.
- FINANCIAL STATUS: Applicant must have a low income but be able to pay for some life expenses (ex. rental portion, transportation, etc.). Applicant must be willing to disclose financial statements and financial history.
- INTENTIONS OF SECURING EMPLOYMENT: A person's primary goal is to secure employment. Applicant does not have to be currently employed and can be experiencing under-employment or unemployment upon applying.
- EDUCATION: Has completed at least grade 10 requirements or equivalency
- MOTIVATION: Applicant is highly motivated to make changes
- CITIZENSHIP: Applicant must be a Canadian Citizen or Permanent Resident
- MENTAL HEALTH: Applicant must be willing to disclose any history/diagnoses of mental health. Must be willing to discuss a mental health stability, support and medical plan.
- SUBSTANCE USE AND ADDICTIONS: Applicant must be willing to disclose any history and/or current addictions or substance use. Must be willing to discuss stability, support, and medical plan.
- HEALTH/MEDICATION: Applicant must be willing to disclose any health conditions or concerns they may have. Applicant must also be willing to disclose all use of medication and dosage.
- CRIMINAL/LEGAL PROCEEDINGS: Applicants cannot have any current legal and/or criminal proceedings. Applicant must be willing to disclose criminal record history and/or any pending charges and provide a police records check with a vulnerable sectors clearing.
- PREGNANCY: Applicant cannot be currently pregnant.

Homeward Bound Halton Youth Pilot Application and Referral Form

The Homeward Bound Halton Youth (HBH-Y) pilot program is an up to 4-year employment based program that sees education as a means to securing employment. Participants complete a training and stabilizing year and then receive a scholarship to complete a 2-year diploma program at Sheridan College. Upon graduation, participants receive professional development and employment supports to secure employment.

This form is to be completed by the applicant and a referring community worker.

Part One: Applicant Information	Section is completed by the Applicant
Part Two: My Goals	Section is completed by the Applicant
Part Three: Digital Declaration and Consent	Section is completed by the Applicant
Part Four: Community Worker Reference	Section is completed by the Community Worker

APPLICATION DEADLINE

HBH-Y applications are accepted year round. However, intake occurs September and/or January, pending available spots.

TO SUBMIT THE APPLICATION

Email the completed application form to nikkianh@homesuitehope.org, "ATTN: Home Suite Hope - HBHY".

Please ensure that you include the referral form along with the client's completed Multi-Agency Consent for Release and Exchange of Information (pg. 8). If you are not an agency listed under the Partnering Agencies of Halton Region's Housing & Homelessness Team, please ensure your name/organization's name is included in the consent form.

Part One: Applicant Information	
First Name: _____	Last Name: _____
Date of Birth: _____ (MM/DD/YYYY)	Gender: _____
Email: _____	Phone Number: _____
Full Address: _____	
What is your current housing situation: ☐ Living in my own in a Market Rental Unit ☐ Close to eviction (when is your eviction date?): _____ ☐ Living with family/friend/roommate ☐ Temporarily living with family/friend ☐ Living in a Shelter ☐ Living on the street ☐ Other: _____	

Do you have a driver's license?

- ☐ Yes
- ☐ No

If yes, what level do you have? ☐ G1 ☐ G2 ☐ G

Home Suite Hope has regular, mandatory programming that is held within the Halton region, primarily in Oakville. Participants will also be required to complete their post-secondary education at the assigned Sheridan College Campus (Oakville, Mississauga, and/or Brampton). Please describe your transportation plan to attend these meetings, events, and classes.

Marital Status:

- ☐ Single Parent
- ☐ Separated
- ☐ Divorced
- ☐ Blended/Married
- ☐ Common Law
- ☐ Other: _____

Current Source of Income (please check all that apply):

- ☐ No Source of Income
- ☐ Ontario Works
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Employment Insurance
- ☐ Child Tax Benefit
- ☐ Child Support
- ☐ Part-time Employment
- ☐ Full-time Employment
- ☐ OSAP
- ☐ Other: _____

Citizenship:

- ☐ Canadian Citizen
- ☐ Permanent Residency
- ☐ Other: _____

Do you self-identify as Indigenous?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please select Yes or No for the following questions:

Are you currently pregnant?

- ☐ Yes
- ☐ No

Are you legally allowed to work in Canada?

- ☐ Yes
- ☐ No

Do you have a criminal record?

- ☐ Yes
- ☐ No

Do you have any current legal proceedings?

- ☐ Yes
- ☐ No

Child 1

First Name: _____ Last Name: _____

D.O.B: _____ Age: _____ Gender: _____

Any concerns with health, learning or behavior:

Custody Status of Child:

- ☐ Sole Custody
- ☐ Shared Custody
- ☐ Other Custody Arrangements (please explain): _____

Child 2

First Name: _____ Last Name: _____

D.O.B: _____ Age: _____ Gender: _____

Any concerns with health, learning or behavior:

Custody Status of Child:

- ☐ Sole Custody
- ☐ Shared Custody
- ☐ Other Custody Arrangements (please explain): _____

Child 3

First Name: _____ Last Name: _____

D.O.B: _____ Age: _____ Gender: _____

Any concerns with health, learning or behavior:

Custody Status of Child:

- ☐ Sole Custody
- ☐ Shared Custody
- ☐ Other Custody Arrangements (please explain): _____

Employment:

Do you have any employment history?

- ☐ No
- ☐ Yes. If yes, please complete the following fields below.

What is your current employment status?:

- ☐ Unemployed
- ☐ Casual
- ☐ Part-Time
- ☐ Full-Time
- ☐ Other: _____

Current/Most Recent Employment

Company: _____

Title: _____

End date: Year _____ Month _____

Reason for leaving:

- ☐ Quit
- ☐ Fired
- ☐ Other: _____

Additional comments you would like to add regarding your employment background:

Education:

Last level of education completed:

- ☐ Grade 10
- ☐ Grade 11
- ☐ Grade 12
- ☐ GED
- ☐ Training Program
- ☐ Academic Upgrading
- ☐ Certificate Program
- ☐ College
- ☐ University
- ☐ Graduate School
- ☐ Apprenticeship
- ☐ Other: _____

Additional comments you would like to add regarding your employment background:

Please share a brief description on your educational journey, including achievements, steps you have taken to pursue your education (whether you have completed the training or not), challenges that may have prevented you from completing your education training, etc.
Home Suite Hope works with a harm reduction approach and asks applicants to share any history or current information regarding substance use. If this applies to you, please provide a brief description of your current or previous experience with substance use. If this does not apply to you, you may leave this section blank.
Do you have any physical health concerns or mental health (diagnosed and un-diagnosed) concerns that you are currently managing? If this applies to you, please provide a brief description of any physical and/or mental health concerns. If this does not apply to you, you may leave this section blank.
Part Two: My Goals
What do you hope to accomplish while in the Homeward Bound Halton Youth program?

The first year (Phase 1) of the program is a probationary period where participants are required to complete foundational program milestones to secure Phase 2 (College). Any participant that does not transition into Phase 2 is granted the full one-year probationary period and will develop a program exit strategy with their caseworker.

If accepted into HBH-Y (Phase 2), which of the following areas would you be interested in pursuing for post-secondary school? Please select all that apply:

- ☐ Business (ex. Accounting, Finance, Human Resources)
- ☐ Engineering (ex. Electrical Engineering, Mechanical Engineering, Electromechanical Engineering)
- ☐ Office Administration (ex. Executive Offices, Health Services, Legal)
- ☐ Technology (ex. Computer Engineering Technician, Computer Programmer, IT Support Services)
- ☐ Trades (ex. Welding, Tool Making)
- ☐ Sales and Marketing (ex. Advertising and Marketing Communications, Visual Merchandising Arts)
- ☐ Other: _____

Part Three: Digital Declaration of the Applicant and Consent

☐ By checking this box, I, the applicant as stated above, declare that I completed this form to apply for the Homeward Bound Halton Youth program. I verify that the above information is true and accurate.

This application was completed on: _____

*Proceed to page 8 to complete "Part Three" of the application.

Halton's Homelessness Response System

Multi Agency Consent

Consent for Release and Exchange of Information

I, , authorize Halton's Homelessness Response Team to:
Client name

Collect, use, and share my personal information. I hereby consent to housing referrals that involve third party agencies through Halton Region's By-Name List. Information collected is for the purposes of housing prioritization and referrals. I hereby consent to have my personal information stored in the Client Outcome Tracking System (COTS). I understand that by signing this form I consent to the sharing of information with the following agencies or individuals:

Halton's Homelessness Response System Team operates under Halton Region's leadership. Partnering agencies work in collaboration with one another to deliver a coordinated access approach. Additional agencies may become part of Halton's Homelessness Response System at a later date.

Collaborating Agencies

- Halton Region – Social & Community Services Department (Housing Services, Ontario Works)
- Salvation Army Lighthouse
- Ontario Disability Support Program
- Canadian Mental Health Association - Halton Region Branch
- Summit Housing & Outreach Programs
- Kerr Street Mission
- Shifra Homes
- Halton Multicultural Connections
- Wesley
- Halton CAS – Bridging the Gap
- Oasis Youth Care
- Halton Housing Help
- Milton Transitional Housing
- Support House
- Links2Care
- Home Suite Hope

Additional Agencies

Other agencies we may need to communicate with to provide wrap-around case management supports:

Consent

I understand that this consent remains valid for the duration of services provided by Halton's Homelessness Response System. Should I choose to withdraw consent I can do so by speaking with my Case Worker or writing to Regional staff. I also understand that consent does not need to be signed if I do not wish to do so, although I acknowledge that not providing consent may affect the provision of services.

Verbal consent obtained by on
Case Manager Date

Client signature section

Client signature Date

Personal information on this form is collected in accordance with sections 12 and 13 of the Housing Services Act, 2001, S.O. 2011, c. 6. Sched. 1 and will be used for the purpose of obtaining express consent for the collection and/or disclosure of your personal information from or to other service providers. Questions about the form can be directed to: Manager, Homelessness & Supportive Housing, 690 Dorval Drive, Oakville, ON, L6K 3X9, (905) 825-6000 ext. 4432 or toll free: 1-866-442-5866.

HOME SUITE HOPE

Part Four: Community Worker Reference

Please note: Home Suite Hope may contact the listed Referring Community Worker to further discuss the applicant and/or the information that has been shared on this form. Please ensure you and your organization are listed in the Multi-Agency Consent for Release and Exchange of Information form on page 9.

Referring Community Worker's Name: _____

Referring Community Worker's Position: _____

Agency/Organization: _____

Telephone: _____ Ext. _____

Email: _____

Relationship to the Applicant: _____

Please describe why you think the applicant is suitable for the Homeward Bound Halton - Youth program. (This may include a description of the applicant's strengths, areas of improvement, passion, goals, characteristics, etc.)

Will you/your organization be providing the applicant further care or supports if the applicant is accepted into the Homeward Bound Halton – Youth program? If so, please describe the supports below: