



### General Program Eligibility

Most Home Suite Hope programs require applicants to:

- Halton resident or willing to live in Halton Region
- Low income or receiving OW, ODSP, or EI
- Canadian citizen or Permanent Resident
- 18 years of age or older
- English proficiency
- Willing to participate in case management and program supports
- Working toward the goal of affording rent independently upon program completion

\*Additional eligibility requirements may apply depending on the program.

# Home Suite Hope Referral Application

Submit completed applications to: [Programs@homesuitehope.org](mailto:Programs@homesuitehope.org) and [HousingStabilityFund@halton.ca](mailto:HousingStabilityFund@halton.ca)

*Thank you for your interest in Home Suite Hope programs.*

*This application allows individuals to apply for one or more of our support programs designed to support housing stability, education, and employment goals for single parents.*

*This general application helps Home Suite Hope assess program suitability and determine which program may be the best fit for your current situation.*

*Please review the program options below and select the program(s) you are interested in.*

## Program Selection

*Which program are you applying for?*

- Stabilizing First Halton
- Pathways Forward: Building Bridges to Employment
- Breaking Barriers Bursary
- Homeward Bound Halton

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## Part One: Community Worker Referral

Please provide the contact information for your Primary Caseworker or another Community Professional you are currently working with. (If you do not have worker, please skip this section).

**Referring Professional Name:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

By checking this box, I consent to Home Suite Hope speaking with this individual regarding my application.

## Part Two: Applicant Information

The information collected through this application is used to better understand the applicant's needs, goals, barriers, and support requirements in order to determine program suitability and identify appropriate supports and services.

<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth (DD/MM/YYYY):</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Address:</b>

***Do you currently live in Halton Region?***

- Yes  
 No

<b>Citizenship Status</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <hr/>	<b>Marital Status</b> <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other <hr/>
<b>Are you legally allowed to work in Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have access to childcare support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

No active legal proceedings that would prevent participation in employment, training, or program activities.

**Part Three: Family Information**

***Are you a single parent?***

- Yes  
 No

**Child #1**

First Name	Last Name	Date of Birth

**Child #2**

First Name	Last Name	Date of Birth

**Child #3**

First Name	Last Name	Date of Birth

***Custody arrangement:***

- Sole custody
- Shared custody
- Other

**Part Four: Housing Information**

Which best describes your current housing situation?

- Living in a shelter
- Temporarily staying with family or friends
- Facing eviction
- Living in unstable or unsafe housing
- Living in subsidized housing
- Other

Please provide a description of your current housing situation, including housing instability, supports, or eviction concerns.

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Are you in need of rental subsidy support from Home Suite Hope?

Yes    No    Unsure

**Part Five: Income Information**

<input type="checkbox"/> Ontario Works: \$	<input type="checkbox"/> ODSP: \$
<input type="checkbox"/> Employment Insurance: \$	<input type="checkbox"/> Part-Time Employment: \$
<input type="checkbox"/> Full-Time Employment: \$	<input type="checkbox"/> Child Tax Benefit: \$
<input type="checkbox"/> Child Support: \$	<input type="checkbox"/> Rental Subsidy/Housing Supports: \$
<input type="checkbox"/> OSAP: \$	<input type="checkbox"/> Other: \$

**Part Six: Employment Background & Education**

**Current Employer:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_

**Current Wage/Salary Range:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_

**Wage/Salary Range:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

What type of employment, career field, or industry are you interested in pursuing?

What is your current employment or career goals? (Check all that apply)

- Obtain Employment
- Maintain Current Employment
- Increase Income
- Explore a New Career Path
- Enroll in post-secondary education (only applicable to SFH/HHH)
- Complete Certification or Micro-Credential Training
- Improve Professional Skills
- Gain Canadian Work Experience
- Build Confidence in the Workplace
- Advance in Current Career
- Other: \_\_\_\_\_

Please describe what career success would look like for you:

**Highest Level of Education Completed:**

- Some High School
- High School Diploma/GED

Name of Program

College

Year of Graduation _____
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University

Name of Program _____
Year of Graduation _____

Apprenticeship

Name of Program _____
Year of Graduation _____

Post-Graduate Program

Name of Program _____
Year of Graduation _____

Other

Name of Program _____
Year of Graduation _____

**Employment Barriers & Support Needs**

Childcare Responsibilities

Transportation

- Housing Instability
- Financial Barriers
- Mental Health Challenges
- Limited Work Experience
- Education or Training Needs
- Lack of Professional Network
- Confidence/Self-Esteem
- Disability or Health Concerns
- Language Barriers
- Criminal Record
- Other: \_\_\_\_\_

**Part Seven: Program Participation & Availability**

Programming is usually held during the week. Please select your availability to participate.

- Weekday Daytime
- Weekday Evenings
- Weekends
- All of the Above

Do you anticipate any barriers to attending programming regularly?

- Yes    No

If yes, please explain:

Do you require support with any of the following to participate in programming?

- Childcare Support
- Transportation Support
- Technology/Internet Access
- Employment Clothing/Equipment
- Mental Health Supports
- Access Counselling Services
- Other: \_\_\_\_\_

**Part Eight: My Goals**

This program aims to support participants in building long-term self sufficiency, financial independence, and overall well-being. Please select your main goals at this time (Select up to 3)

- Secure stable housing
- Secure Employment
- Return to School
- Maintain Employment Stability
- Advance in My Career
- Increase Household Income
- Explore Career Pathways
- Complete Certification or Micro-Credential Training
- Improve Workplace Confidence and Professional Skills
- Build Networking and Professional Connections
- Improve Financial Stability
- Strengthen Professional and Life Skills
- Access Community Supports and Resources
- Access Counselling Services
- Other: \_\_\_\_\_

Please share any additional information regarding barriers or supports you may need:

The information collected in this application is to determine the needs and supports required for the applicant.

**Part Nine: Declaration**

By checking this box, I declare that the information provided in this application is accurate to the best of my knowledge.

I understand that submitting an application does not guarantee acceptance into this program and that there is a wait list.

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## 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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>○ Halton Region – Social &amp; Community Services Department (Housing Services, Ontario Works)</li> <li>○ Salvation Army Lighthouse</li> <li>○ Ontario Disability Support Program</li> <li>○ Canadian Mental Health Association - Halton Region Branch</li> <li>○ Summit Housing &amp; Outreach Programs</li> <li>○ Kerr Street Mission</li> <li>○ Shifra Homes</li> </ul> | <ul style="list-style-type: none"> <li>○ Halton Multicultural Connections</li> <li>○ Wesley</li> <li>○ Halton CAS – Bridging the Gap</li> <li>○ Oasis Youth Care</li> <li>○ Halton Housing Help</li> <li>○ Milton Transitional Housing</li> <li>○ Support House</li> <li>○ Links2Care</li> <li>○ Home Suite Hope</li> </ul> |
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#### 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

Case Manager

Date

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.

Multi-Agency Consent