

Home Suite Hope Referral Application

Submit completed applications to: Programs@homesuitehope.org and HousingStabilityFund@halton.ca

Program Overview

Stabilizing First Halton (SFH) – 1 Year

Stabilizing First Halton (SFH) is a 1-year housing stabilization program that supports single-parent-led families experiencing housing instability through rental assistance, case management, counselling, life skills development, employment supports, and connections to community resources. The program focuses on helping participants build a strong foundation for long-term housing stability, personal growth, and self-sufficiency. SFH also serves as the foundation and prerequisite program for participants interested in pursuing the Homeward Bound Halton (HBH) educational pathway.

Homeward Bound Halton (HBH) – Up to 3 Years

Homeward Bound Halton (HBH) is an education and career-focused program that supports single mothers in achieving long-term financial independence through post-secondary education, employment preparation, and housing stability. Participants receive individualized case management, housing support, counselling, life skills development, mentorship, and educational planning. Stabilizing First Halton (SFH) is a prerequisite program and must be successfully completed before participants can be considered for the Homeward Bound Halton (HBH) program.

Home Suite Hope Eligibility Criteria

- **AGE:** Applicant (parent) must be between the ages of 18 - 50 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. The applicant must not be cohabiting with anyone.
- **RESIDENT OF HALTON REGION:** Applicant must be a Halton Region resident for at least six (6) months upon applying. If the applicant is not currently residing in Halton Region due to homelessness, the applicant must provide proof of previous Halton Region residency.
- **CHILDREN:** Applicant may have a maximum of three dependents and must have at least one child under the age of 17 years old. The applicant must have full custody/primary care of at least one child under the age of 17 years old
- **HOMELESS/PRECARIOUSLY HOUSED:** Applicant must be homeless, at risk of immediate homelessness or precariously housed. Applicant cannot be living in subsidized housing.

- **EMPLOYABLE:** 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
- **FINANCIAL STATUS:** Applicant must have a low income but be able to pay some rent based on a means test and have no financial reserves. Applicant must be willing to disclose financial history.
- **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 history of/diagnoses of mental health. Must be willing to discuss a mental health stability, support and medical plan.
- **ADDICTIONS:** Applicant must be willing to disclose history and/or current addictions. 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.

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.

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

Do you currently live in Halton Region?

- Yes
 No

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

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.

Collaborating Agencies

- | | |
|--|--|
| <ul style="list-style-type: none"> ○ 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 ○ ADAPT | <ul style="list-style-type: none"> ○ Halton Multicultural Connections ○ Wesley ○ Halton CAS – Bridging the Gap ○ Oasis Youth Care ○ Halton Housing Help ○ Milton Transitional Housing ○ Support House ○ Links2Care ○ Home Suite Hope ○ Oak Park Neighborhood Centre ○ Indwell |
|--|--|

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 _____ Date

Case Manager

Client signature section _____ Date

Client signature

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, 1151 Bronte Road, Oakville, ON, L6M 3L1, (905) 825-6000 ext. 2794 or toll free: 1-866-442-5866.

Multi-Agency Consent