

Stabilizing First Halton Eligibility Criteria

Intake Eligibility:

- 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 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.



Stabilizing First Halton Application

This form is to be completed by the applicant.

TO SUBMIT THE APPLICATION:

Email the completed referral to housingstabilityfund@halton.ca, "ATTN: HSH Stabilizing First Halton".

Please ensure you fill out the Community Worker Reference (pg. 2) along with the signed Multi-Agency Consent for Release and Exchange of Information (pg. 6). If you are working with an agency that is not listed under the Partnering Agencies of Halton Region’s Housing & Homelessness Team, please ensure you include your workers name and/or organization in the given lines on the consent form.

Part One: Community Worker Reference

Home Suite Hope works in partnership with other social service agencies and community members to complete the intake and onboarding process. Please provide the contact information of your Primary Caseworker or a Community Professional that you are working with. Individuals that can be listed include a case worker, social worker, teacher, guidance counsellor, etc. Please do not list any family or friends, this will not be accepted. This worker will act as the your “reference” and may be contacted to further discuss the applicant’s information, needs, and/or supports.

***If you do not have a Primary Caseworker or working with a Community Professional, please contact programs@homesuitehope.org or Nikkian Hanson-Daley at nikkianh@homesuitehope.org**

Referring Professional’s Name: _____

Agency/Organization: _____

Telephone: _____ Ext. _____

Email: _____

By checking this box, I understand that by providing the contact information above, I consent to Home Suite Hope speaking with this individual regarding my application and all the information included in it.

Part Two: Applicant Information

First Name: _____

Last Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Gender: _____

Email: _____

Phone Number: _____

What is your current housing situation:

- Temporarily living with family/ friend (in what city?): _____
- Living in a Shelter (please specify): _____
- Living on the street
- Close to eviction (when is your eviction date?): _____
- Other: _____

Marital Status:

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

Current Source of Income

(please check all that apply):

- 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
- P.R. Status
- Other: _____

Do you self-identify as Indigenous?

- Yes
- No

Please select Yes or No for the following questions:

Are you currently pregnant?

- Yes
- No

Do you have a criminal record?

- Yes
- No

Are you legally allowed to work in Canada?

- 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: _____

Child 2

First Name: _____ Last Name: _____

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

Any concerns with health, learning or behavior: _____

Child 3

First Name: _____ Last Name: _____

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

Any concerns with health, learning or behavior: _____

Custody status of child(ren):

- Sole Custody Other custody arrangements
 Shared Custody (please explain): _____

Employment Background:

What is your current employment status?: _____

Last 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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Grade 8 or below | <input type="checkbox"/> Training Program | <input type="checkbox"/> University |
| <input type="checkbox"/> Grade 9/Grade 10/ Grade 11 | <input type="checkbox"/> Academic Upgrading | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Certificate Program | <input type="checkbox"/> Apprenticeship |
| <input type="checkbox"/> GED | <input type="checkbox"/> College | <input type="checkbox"/> Other: _____ |

Please list any skill training you have completed (i.e. computer classes, cooking, sewing, music classes, driver license, certification, etc.)

Please describe your current situation (E.g.: housing, education, mental health, family dynamics, etc.):

Part Three: My Goals

What do you hope to accomplish while in the Stabilizing First Halton program?

Stabilizing First Halton is intended to be a one year preparatory program for the Homeward Bound Halton (HBH) program. The HBH program is an up to 3-year employment based program that sees education as a means to securing employment. Participants receive a scholarship to complete a 2-year diploma program at Sheridan College and then receive employment supports upon graduation to secure employment.

Participants that demonstrate they have the attitude and aptitude to complete the HBH program will be invited to participate. Any participant that does not transition into HBH is granted the full one-year of the Stabilizing First Halton program and will develop a program exit strategy with their caseworker.

If accepted into HBH, what three (3) Sheridan College programs from the APPROVED course list would you be interested in pursuing? (see full course list on page 7 of this referral package)

1. _____
2. _____
3. _____

Part Four: Digital Declaration and Consent of the Applicant

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

This application was completed on: _____



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"> ○ 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 | <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 |
|---|---|

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.

Homeward Bound Halton: Available Study Options		
Academic Training		
Course	Program Code	Program
1	PADMK	Advertising and Marketing Communications - Management
2	PATCN	Architectural Technician/Technology
3	PBUSS	Business
4	PBUSA	Business – Accounting
5	PBUFI	Business – Finance
6	PBUHR	Business – Human Resources
7	PBUMK	Business - Marketing
8	PCLTN	Chemical Laboratory Technician
9	PCPEN	Computer Engineering Technician
10	PCOMP	Computer Programmer (16 months continuous)
11	PCSSN	Computer Systems Technician – Software Engineering
12	PENST	Environmental Technician
13	PITSC	Information Technologies Support Services
14	POFAE	Office Administration – Executive
15	POAHS	Office Administration – Health Services
16	POFLC (with co-op)	Office Administration – Legal
17	PVMAS	Visual Merchandising Arts
Jill of All Trades		
Course	Program Code	Program
1	PETEN	Electrical Engineering Technician
2	PELTN	Electromechanical Engineering Technician
3	PEETN	Electronics Engineering Technician
4	PMETN	Mechanical Engineering Technician
5	PMETD	Mechanical Engineering Technician/Technology – Design & Drafting
6	PMTTM	Mechanical Technician – Tool Making
7	PWLFT	Welding Techniques