



EVA'S HOUSING & FOLLOW UP PROGRAM

APPLICATION

For additional information please contact Eva's Coordinated Intake Team
 T: 416-364-4716 x 236 F: 647-317-6511 E: intake@evas.ca
 Applications and referrals will be accepted via email or fax.

PROGRAMS

- YOUth Belong Housing
 YOUth Belong Bursary***
 Eva's Phoenix Transitional Housing

YOUTH INFORMATION

Date:		SMIS Number, if applicable:	
Legal Surname:		Legal First Name:	Preferred Name:
Date of Birth (DD/MM/YYYY):	Age:	Do you have any dependents? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	Is an interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many and how old?	
Street Address:		City:	
Contact Phone Number:	Email Address:	Safe to call? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Text Message	
Have you ever applied to an Eva's Initiatives program in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please stated date of last application ____month/ ____ Year & program applied to:	

APPLICATION

BACKGROUND INFORMATION



What is your current status in Canada? <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Native Status <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent resident <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Sponsored Immigrant <input type="checkbox"/> Other (<i>please specify</i>)	Hearing date: If you are a refugee or sponsored immigrant, do you have a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Race: How do you identify?	
Gender: How do you identify?	Gender Pronouns:
Are you a member of the LGBTQ2S+ Community? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you want to specify?	
Do you have all your ID? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what ID do you still need?	
Have you been involved with the Child Welfare System? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSING

Current Living Situation			
<input type="checkbox"/>	Independent or shared housing	<input type="checkbox"/>	Eva's Place
<input type="checkbox"/>	With parent(s)/family member	<input type="checkbox"/>	Eva's Phoenix
<input type="checkbox"/>	With adoptive family	<input type="checkbox"/>	Eva's Satellite
<input type="checkbox"/>	With relatives	<input type="checkbox"/>	At another Shelter
<input type="checkbox"/>	In a group home or residential facility	<input type="checkbox"/>	On the street
<input type="checkbox"/>	With a friend's family	<input type="checkbox"/>	Couch surfing
<input type="checkbox"/>	Other location, please specify:		

Are you currently receiving ODSP?	Workers Name:	Workers Contact Information:
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Are you currently on the Social Housing (or Rent-Geared-to-Income) Waiting List? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list application date:	If NO, do you want to apply for Social Housing (or Rent-Geared-to-Income)? <input type="checkbox"/> YES <input type="checkbox"/> NO
How many shelters have you accessed?	How long have you been homeless?
	How many times have you experienced homelessness?

INCOME

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Income Support <input type="checkbox"/> Employment Support <input type="checkbox"/> Other		
Are you receiving Ontario Works? <input type="checkbox"/> YES <input type="checkbox"/> NO	Workers Name:	Workers Contact Information:
Are you currently working with Children's Aid Society? <input type="checkbox"/> YES <input type="checkbox"/> NO	Workers Name:	Workers Contact Information:
Are you currently receiving any bursaries or have you ever applied for a bursary in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date:	If YES, who are you receiving it from?

EDUCATION

Are you currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, what level of education have you completed?
Are you interested in pursuing further education?

HEALTH

Physical Health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain, include any current/past medication and/or supports:	
Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how far along are you?
Mental Health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain, include any current/past medication and/or supports:	



Substance concerns? YES NO

Please explain, include any current/past medication and/or supports:

How often do you access emergency health services (police, ambulance, fire):

Do you want support exploring the possibility that you may have health concerns?

Select all that apply: Physical Mental Emotional Substance Use Other:

INDEPENDENT LIVING SKILLS

PLEASE RATE YOUR SKILLS OUT OF 3.

SCALE: 1 IS NOT KNOWLEDGEABLE AND 3 IS VERY KNOWLEDGEABLE

Financial Literacy (making a budget, following the budget, saving, debt, etc.)	1
Searching for Housing (where to look, contacting landlords, applying, your rights, etc.)	1
Conflict Resolution (working with others to peacefully resolve disagreements)	1
Interpersonal (skills used to interact with others in healthy ways)	3
Cooking (comparison shopping, following a recipe, making a meal, using appliances, etc.)	1
Nutrition (Canada Food Guide, eating nutritional meals, reading ingredients, etc.)	1
Personal Hygiene and Care (showering daily, laundry, cleaning, etc.)	2
Oral Hygiene (brushing teeth 2x/day, flossing, regular dental cleaning & check-up, etc.)	1
Recreation/Physical Fitness (hobbies, physical activity, etc.)	1
Getting a job (job search, resume, applying, interviewing, your rights, etc.)	1
Following written instructions	3
How would you rate your physical health?	1
How equipped do you feel to deal with the current level of stress in your life?	1
How equipped do you feel to use public transportation	1

RELEASE OF INFORMATION





I, _____ (print name of applicant), D.O.B., _____ (DD/MM/YY), hereby permit any exchange of information deemed appropriate between Eva's Initiatives programming and the referring worker/agency to facilitate my application. I understand that the information exchanged will be handled in a discreet and confidential manner. Applicant

Signature _____ Date: _Day/ _Month/ _Year

Referring Worker Signature (if Applicable): _____

Date: Day/ Month/ Year

REFERRAL, IF APPLICABLE

This section is to be completed by the referring work.

REFERRING WORKER CONTACT INFORMATION

Date:		
Referring Worker:	Position/Title:	Email Address:



Organization/Agency:	Contact #
Relationship to and length of time working with applicant:	Fax #

BACKGROUND INFORMATION (TO BE FILLED BY REFERRING WORKER)

<p>What are the applicant’s strengths? Please be specific, and provide examples:</p>
<p>What does success look like for this applicant? Please be specific, and provide examples:</p>
<p>Why do you believe they would find success in this program?</p>
<p>What life skills has the applicant acquired, and what life skills would need to be developed throughout the program?</p>
<p>How would you describe this applicant’s communication pattern?</p>
<p>What are the reasons for referring this applicant to the program(s) selected above?</p>
<p>What support do you feel this applicant needs the most?</p>

Are you willing and able to continue supporting this applicant? How involved could you be, and for how long? Please be specific (e.g. Case notes, case conference, check ins, specific or general programming/counselling, etc.)

Please list other community supports that are currently working with this applicant. Are there other community supports you would recommend? Please address any barriers to their success such as legal involvement, mental and physical health concerns, and substance use:

Is the young person experiencing mental health concerns or has in the past? Does the young person have a diagnosis? Please list any community supports they are working with.

Does the young person have a history of substance use? Are they currently using? What does their use look like? Please list any community supports they are working with.

Is there any other information you would like to share about the applicant?

DECLARATION

I,



_____	of _____
(Worker Name)	(Agency Name)
hereby declare that, to the best of my knowledge and belief, the information provided above is true and complete.	
Signature of Worker: _____	
Date: _____	

For Internal Use Only: Referral Reviewed by: _____	Date: _____
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