



## **Youth Without Shelter • Stay-In-School Program**

6 Warrendale Court, Etobicoke, ON M9V 1P9  
Phone: (416)748-0110 ex. 29 Fax: (416) 748-2169

### **Attention Referring Worker:**

If you have a youth in need of immediate housing please call our emergency shelter at (416) 748-0110 and press 0 to speak with one of our frontline staff.

Youth applying for the SIS program should be serious and committed to continuing with their education and be between the ages of 16-24.

The more information you can provide on this application, the better we will be able to determine the eligibility of your client/student and suitability of the program. Please use additional paper if necessary.

SIS staff will contact the referring worker for a reference or to clarify any information on the application. Youth must also provide another professional reference. Please ensure the “Consent to Release of Information” is signed for yourself, alternate reference and any other agency or worker who is or has been working with the applicant.

Youth who meet the eligibility requirements will be contacted for an interview. After reference checks and completion of the interview youth will receive a conditional acceptance letter, which will indicate further information or documentation that will be needed prior to moving in. If youth are not assigned a move in date, they will be placed on the waiting list. Priority will be given to youth who are attending high school full-time, ages 16 & 17.

If you have any questions about the application or process please contact SIS staff at (416) 748-0110 ex. 29 or email [sisprogram@yws.on.ca](mailto:sisprogram@yws.on.ca).

### **Admission Criteria:**

- Youth ages 16-24 who are homeless and “at-risk” of homelessness
- Youth must be attending school on a full time basis (school includes: high school, college, university or trade school)
- Youth determined to have any disruptive behavioral issues will not be able to access the program
- Youth must be willing to sign a service agreement that outlines rules, expectations, agreed upon goals and the estimated length of program stay.

You can mail, fax or e-mail applications to:

SIS Program

c/o Youth Without Shelter

6 Warrendale Court Etobicoke, ON M9V 1P9

Fax: (416) 748-2169 E-mail: [sisprogram@yws.on.ca](mailto:sisprogram@yws.on.ca)

**For Office Use Only**

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_



**Youth Without Shelter • Stay-In-School Program**

6 Warrendale Court, Etobicoke, ON M9V 1P9  
Phone: (416)748-0110 ex. 29 Fax: (416) 748-2169

**Application Form**

Applicant's Name:	Date of Birth:	Age:	Gender:
Current Address:	Phone Number:	E-mail:	
	Alternate Number:	Date: day/month/year	

**Referral Information:**

Referring Worker: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Agency/School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you been working with the applicant? \_\_\_\_\_

Describe applicant's current living situation? Does applicant work? Participate in outside activities? (i.e. sports, social groups, volunteer work?)

---



---



---



---



---

Why do you feel the applicant is suited for this program? \_\_\_\_\_

---



---



---



---



---

Second Reference: \_\_\_\_\_

Name	Phone Number	Relationship to Client
------	--------------	------------------------

Applicant's Name:

Date of Birth:

**Applicant's Information:**

Language(s) Spoken: \_\_\_\_\_

**Legal Status:**

- Canadian Citizen                       Landed Immigrant                       Sponsored Immigrant
- Native                                       Convention Refugee                       Other: \_\_\_\_\_

**Housing:**

Previously Lived With/In: *(check all that apply)*

- Family     Friends     Shelter     Group Home     Foster Home     Own Apartment
- Streets     Other: \_\_\_\_\_

Briefly describe why their last housing situation(s) ended:

---



---



---



---

Briefly describe any shared living experiences. Likes/Dislikes: \_\_\_\_\_

---



---



---



---

**Education:**

Currently Enrolled In:

- High School     College     University     Trade School     Alternative School
- Other: \_\_\_\_\_                       Not enrolled in school

**Applicant's Name:**

**Date of Birth:**

Name and Address of Current School:

---

---

---

Current Program/ Complete List of Courses:

---

---

---

Name and Address of Last School Attended (if applicable):

---

---

---

Reason for leaving school:  Graduated  Quit  Expelled  Moved  Other: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Number of Credits Obtained So Far: \_\_\_\_\_

**Employment/ Income:**

Currently Working:  Full-time  Part-time  Not working  O.W.  O.D.S.P.  O.S.A.P.

Name and Address of current employer (if applicable):

---

---

---

Days and Hours of Work: \_\_\_\_\_

Briefly describe any previous work experiences: \_\_\_\_\_

---

---

**Health:**

Does the applicant have any physical/ mental/ other health concerns? Take any medication? Allergies?

---

---

---

**Applicant's Name:**

**Date of Birth:**

Has applicant visited any health clinics/ City health services/ Hospitals/ other 3<sup>rd</sup> party health agencies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_  
Name and phone number

Psychiatrist: \_\_\_\_\_  
Name and phone number

Does applicant have a history of drug/alcohol misuse? If yes, please describe substance of choice, frequency and any support services or counseling taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal:**

Does applicant have any legal concerns? If yes, please specify charges, probation, bail, conditions and/or upcoming court dates, names and number of probation/bail officer or lawyer etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Services:**

Please check off what areas this applicant would require support in:

- Time Management     Budgeting     Writing/Reading     Communication     Problem Solving
- Decision Making     Life Skills     Job Searching     Study Skills     Other: \_\_\_\_\_

Referring Worker's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_



**Youth Without Shelter  
Consent to Disclosure of Information**

I, \_\_\_\_\_ of  
(name of resident or legal guardian)

\_\_\_\_\_ hereby  
(address)

consent to the disclosure of information compiled by \_\_\_\_\_  
(name of agency or person)

pertaining to \_\_\_\_\_  
(name of resident and D.O.B.)

The information/ records shall be disclosed to:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

for the purpose of \_\_\_\_\_  
(reason for disclosure)

The information/records that shall be disclosed will include the following:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

This consent shall remain in effect from \_\_\_\_\_ to \_\_\_\_\_

By signing this consent to disclosure I understand and agree to its contents. I am aware that no other information can be released without my written consent, with certain exceptions, and I am aware that I can revoke my consent by written statement at anytime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_