



Youth Without Shelter- Stay in School Program

6 Warrendale Court, Etobicoke, ON. M9V 1P9
Phone: 416-748-0110 Ext.29 Fax: 416-748-2169
E-mail: sisprogram@yws.on.ca

APPLICATION FORM

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

Youth applying for the Stay in School Program should be between the ages of 16-14, as well as serious and committed to continue their education.

The more information you can provide on this application, the better we will be able to determine the eligibility of your client/student to our program.

Stay in School Program staff will contact the referring worker for a reference or to clarify any information on the application. Please ensure the "Consent to Release of Information" is signed by the applicant, referral or any alternate referral working with the applicant.

Youth who meet the eligibility requirements will be contacted for an interview. Please read the form carefully and attach current timetable/ credit summary report.

Priority to the program will be given to youth who are attending high school full-time, ages 16 -19.

Admission Criteria:

- Youth ages 16-24 who are homeless and "at-risk" of homelessness.
- Youth must be attending school on FULL TIME basis (school includes: high school, college or university).
- Youth determined to have any disruptive behavioral issues will not be able to access the program.
- Youth must be willing to sign Stay in School Program Contract Rules and Information Release Form and Collection of Information on SMIS.
- The Stay in School Program is a long term residential program; therefore youth should consider this program as a long term option.

*****If you require further assistance in completing this form, please contact the Stay in School Program Coordinator*****

-FOR OFFICE USE ONLY-

Date Received:

Date of Interview:

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APPLICANT'S INFORMATION

Applicant's name:	Date of birth:	Age:	Gender:
Current Address:	Phone Number:	Status in Canada:	
	E-mail:	Language Spoken:	

REFERRAL'S INFORMATION

Referring Worker:	Position:
Name of Agency/School:	
Phone Number:	E-mail:

How long have you been working with this applicant?

What are the reasons you are referring this youth to the Stay in School Program? Please be specific

What support do you feel this youth needs from the Stay in School Program?

Are you willing to continue to support this youth while residing in the Stay in School Program? How do you plan to be involved?

*****To be completed by applicant*****

HOUSING-

Briefly describe why your housing situation is ending

Have you previously lived with/ In Family _____ Friends _____ Shelter _____ Group/Foster home _____ Own place _____ Streets _____ Other _____

EDUCATION-

Name & Address of CURRENT school:

List current courses:

How many credits have you obtained so far?

When are you expecting to graduate?

What are you educational goals?

*****NOTE: Please attach CURRENT TIMETABLE AND CREDIT SUMMARY REPORT*****

INCOME INFORMATION-

Are you currently working? If yes, please provide employment information/ schedule:

If not, are you receiving any other source of income?

ONTARIO WORKS _____ ODSP _____ OSAP _____ OTHER _____

HEALTH INFORMATION-

Is there any health concerns? (Physical, mental) / do you take any medications?

Do you have any allergies staff should be aware about?

Do you have a family physician? If yes, please provide contact information (name and phone number)

Do you use any drug/s or alcohol? If yes, please provide more information- what do you use? How often? Would you like to receive treatment?

LEGAL INFORMATION-

Do you have any legal concerns? If yes, please provide details (charges, bail, probation, conditions or upcoming court dates?)

Answer if applicable- do you have any immigration concerns? If yes, please provide more details-

SKILLS AND SERVICES INFORMATION-

Please check off the areas you would like to work on while residing in the SIS Program:

TIME MANAGEMENT _____ IMPROVING ATTENDANCE _____ IMPROVING GRADES _____ TUTORING SUPPORT _____
LIFE SKILLS _____ JOB SEARCH _____ COMMUNICATION _____ PROBLEM SOLVING _____ OTHER _____

APPLICANT'S SIGNATURE: _____ REFERRAL'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 any time.

x _____
Signature

x _____
Witness

Dated at _____ this _____ day of _____,