

**Kingston Youth Transitions Application for Residency**

Please complete the following application and return to the

Manager of Services ([catherine@kingstonyouthshelter.com](mailto:catherine@kingstonyouthshelter.com))

or in person/mail to 234 Brock Street, Kingston K7L 1S4

**General Information**

|  |  |
| --- | --- |
| **Legal Name** |  |
| **Preferred Names** |  |
| **Current Address** |  |
| **Gender Identity & preferred pronouns** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Preferred way to contact you** |  |
| **Mental Health Needs & Diagnoses** |  |
| **Allergies or Allergic** |  |
| **Source of Income for Program Fees that are due on or before the 1st day of each month**  **(OW, ODSP, CYFSA, Employment)** |  |

**Housing History**

|  |  |
| --- | --- |
| **Current Residence** |  |
| **Did you live with anyone (parent, friend, roommate)** |  |
| **Why did you leave? (chose to or asked to leave)** |  |
| **Where else have you lived? Why do you feel they didn't work out?** |  |

**Culture**

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| --- | --- |
| **Were you born in Canada?** |  |
| **If no, do you have Canadian citizenship?** |  |
| **How do you describe your cultural identity?** |  |
| **Do you have any cultural or religious needs?** |  |
| **What is your first language?** |  |
| **Is there anything that you would like to share to assist us with being respectful to you and your culture?** |  |

**Current Support System**

**Services: AMHS, Resolve, Housing First, Mentors, Substance Support Worker etc.**

**Family, Relatives & Friends**

**Name of Support Identified as Contact Information**

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**Emergency Contact**

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| --- | --- |
| **Name of Person** |  |
| **Relationship to you** |  |
| **Contact Information** |  |

**Employment & Education Goals**

**Goals & Aspirations Description Barriers/ Needs to Achieve**

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| --- | --- | --- |
| **Education/Trade** |  |  |
| **Employment** |  |  |
| **Heath** |  |  |
| **Financial** |  |  |
| **Family** |  |  |
| **Housing/Independence** |  |  |
| **Skills needed to increase my success** |  |  |
| **Other** |  |  |

**How can the Transitions Program best support you?**

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| **Date Completed** |  |
| **Applicant Signature** |  |
| **Application Resource Support**  **(Name & Agency)** |  |

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| **For Administration Only** |

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| **Date Received** |  |
| **Interview Date** |  |
| **Accepted or Denied** |  |
| **Manager of Services Signature** |  |