

Transitional Housing Application



YWCA Hopeful Hearts Home Transitional Housing Application

Thank you for taking the time to complete this application.

We understand that some of the questions may be sensitive or personal in nature. Your privacy is our priority, and all information you provide will be treated confidentially and used solely for the purpose of determining program eligibility. Please answer only what you feel comfortable sharing.

If you have any questions or concerns, don't hesitate to reach out for clarification. Your honesty and openness will help us better understand and support your potential program placement.

Referral Information Is this a self-referral?

☐ Yes ☐ No

If no, referred by: _____ Relationship: _____

Agency: _____ Contact#: _____

Personal Information

Last Name _____ First Name _____

Alias: _____ Date of Birth (dd-mm-yy) _____

Contact

Phone Number(s): _____ / _____

Email: _____

Is it safe to leave a message?

☐ Yes ☐ No

Do you prefer call, text, or email?

☐ Call ☐ Text ☐ Email

Reason for Referral

☐ Intimate Partner Violence ☐ Community Violence ☐ Family Violence

Would you like to share more about the situation you left? (Optional)

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Suite Type Applying For:

- ☐ Studio
- ☐ Two Bedroom
- ☐ Three Bedroom

Do you require an accessible suite?

- ☐ Yes ☐ No

Does this application include any children?

- ☐ Yes ☐ No

If so, how many children, and what are their ages? _____

Do you currently have custody of your children?

- ☐ Yes ☐ No

If not, do you currently have a plan in place to work towards regaining custody?

Health and Wellbeing Information:

We recognize that sharing personal health information can be challenging and requires a great deal of vulnerability. We deeply appreciate your willingness to share your story with us. Please know that we honour the strength it takes to go through this process.

As we listen to the experiences of applicants, we approach each story with empathy and without judgement, aiming to understand if our program is the best fit for you and your family.

Do you currently have supports in place for mental health?

- ☐ Yes ☐ No

If yes, do you have any formal diagnosis?

Do you currently, or have you previously struggled with substance misuse?

- ☐ Yes ☐ No

If yes, please check the timeframe that indicates how long you have been in recovery?

- ☐ 1-3 months ☐ 3-6 months ☐ 6-9 months ☐ 9+ months

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Could you tell us about any treatment or programs you have attended/completed related to recovery? Do you currently have any supports you are working with?

Do you or your children have any health diagnosis, or conditions?

☐ Yes ☐ No

If so, can you please tell us how you manage yours/children diagnosis?

Independent Skills:

Please check the skills that you are comfortable managing on your own?

☐ Cooking ☐ Cleaning ☐ Laundry ☐ Grocery Shopping ☐ Paying Bills on Time

Are there any tasks you struggle with? _____

Source of Income

<input type="checkbox"/> Ministry of Social Services	<input type="checkbox"/> Pension	<input type="checkbox"/> Band funding
<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Disability Funding	<input type="checkbox"/> Child Tax
<input type="checkbox"/> Student loans/grants	<input type="checkbox"/> Employed	<input type="checkbox"/> Other Source (please explain)

If other, please explain your source of income: _____

What is your estimated monthly income? _____

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Consent to Speak with Supports

I _____ consent to Hopeful Hearts Staff speaking with the below supports for additional information regarding my application.

Support Name	Relationship	Contact Information

Is there any additional information you would like to share?

Applicant Acknowledgment

I, _____, acknowledge that the information provided on this form is true and accurate.

Applicant Signature: _____

Date: _____