YMCA MEN'S TRANSITIONAL LIVING PROGRAM (TLP)
APPLICATION

PLEASE NOTE

City of Hamilton Coordinated Access approval is required before this application is submitted. Only authorized/current referrals will be reviewed. A referral, application or intake interview does not guarantee admission or a room. The YMCA will contact the applicant or referring worker when the complete package is ready for intake scheduling.

PROGRAM OVERVIEW

The YMCA Men's Transitional Living Program (TLP) is a 43-bed, time-limited communal housing program for adult men experiencing homelessness. The program supports stability and progress toward permanent housing through housing and service navigation, scheduled onsite and community partner services, pantry and donation supports, activities, and accommodation/support planning. Residents are expected to participate in housing planning, pay applicable program fees and follow community-living expectations.

APPLICANT AND REFERRAL INFORMATION

Full Legal Name:

Preferred Name: **Date of Birth (DD/MM/YYYY):**

Current Address:

City/Province: **Postal Code:**

Phone Number: **Email Address:**

HIFIS ID: **Coordinated Access Approval Date:**

VI-SPDAT Score: **VI-SPDAT Completion Date:** must be within the last 60 days

Referring Worker/Contact: **Organization:**

Worker Phone: **Worker Email:**

YMCA MEN'S TRANSITIONAL LIVING PROGRAM (TLP)
EMERGENCY CONTACT AND HOUSING HISTORY

EMERGENCY CONTACT

Name:

Phone Number:

Relationship to Applicant:

Email Address:

HOUSING HISTORY

1 **Have you previously stayed at the YMCA Men's Residence?** ☐ Yes ☐ No

If yes, please provide dates and any details relevant to your application:

2 **Are you currently homeless or at risk of homelessness?** ☐ Yes ☐ No

Please share any details you are comfortable disclosing:

MOST RECENT PLACE OF RESIDENCE

Address:

Dates of Stay:

Reason for Leaving:

SECOND MOST RECENT PLACE OF RESIDENCE

Address:

Dates of Stay:

Reason for Leaving:

YMCA MEN'S TRANSITIONAL LIVING PROGRAM (TLP)
INCOME, BACKGROUND AND SUPPORT NEEDS

INCOME AND EMPLOYMENT

Current Employment Status: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Student ☐ Other

Other:

Source(s) of Income: ☐ Employment ☐ Ontario Works ☐ ODSP ☐ EI ☐ OAS/CPP ☐ Other

Monthly Income:

Need employment or income support? ☐ Yes ☐ No

PERSONAL BACKGROUND

1. **Do you have current or past involvement with the justice system?** ☐ Yes ☐ No

   If yes, please share any details you are comfortable disclosing:

2. **Do you have medical, accessibility or accommodation needs?** ☐ Yes ☐ No

   Please describe anything you would like the YMCA to consider when planning support:

3. **Do you have a history of substance use or addiction?** ☐ Yes ☐ No

   Are you currently accessing support services? ☐ Yes ☐ No

SUPPORTS THAT MAY BE HELPFUL

☐ Employment/income ☐ Primary care ☐ Mental health/addiction ☐ Harm reduction ☐ Other

☐ Housing/service navigation ☐ Accommodation planning

Additional details:

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COMMUNITY SUPPORTS AND REFERENCES

COMMUNITY SUPPORTS AND CASE WORKER INFORMATION

Do you currently have a case worker or referring worker? ☐ Yes ☐ No

Name: _____ **Organization:** _____

Phone Number: _____ **Email Address:** _____

Are you accessing any other community supports? ☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

REFERENCES

Please provide two references who can verify your housing history or provide a character reference.

REFERENCE 1

Name: _____ **Relationship:** _____

Phone Number: _____ **Email Address:** _____

REFERENCE 2

Name: _____ **Relationship:** _____

Phone Number: _____ **Email Address:** _____

YMCA MEN'S TRANSITIONAL LIVING PROGRAM (TLP)

CONSENT, DECLARATION AND YMCA STAFF USE

CONSENT AND DECLARATION

By signing below, I affirm that the information provided is true and complete to the best of my knowledge. I understand that the YMCA may verify my Coordinated Access referral, contact my referring worker and references, and review information needed to assess program fit and plan supports. I understand that submitting this application and attending an intake interview do not guarantee admission or a room.

Applicant Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Submit only after City of Hamilton Coordinated Access approval. Completed application packages may be dropped off at the YMCA Men's Residence or emailed to residence.applications@ymcahbb.ca. The applicant or referring worker will be contacted when the package is ready for intake scheduling.

YMCA STAFF USE ONLY

Date Application Received: _____ **Reviewed By:** _____

Coordinated Access Referral Verified: ☐ Yes ☐ No **HIFIS ID:** _____

VI-SPDAT Score Verified: _____ **Completion Date Verified:** within last 60 days _____

Application/Interview Outcome:

☐ Accepted / offer pending ☐ More information required ☐ Waitlisted / deferred ☐ Not selected

Intake Date and Time: _____ **Applicant/Worker Contacted By:** _____

Missing Documents / Follow-up Required:

_____

_____

Comments:

_____

_____