

Brantford Native Housing Transitional Housing Program



Referral Package Transitional Youth Home

**237 Mohawk St
Brantford, ON
N3S 2X4
(519) 304-0053 – T
(519) 756-1764 – F**

Brantford Native Housing Transitional Housing Program Referral Process

Background

The Transitional Housing Programs are offered through Brantford Native Housing. This program is offered to Indigenous Youth, who are experiencing homelessness or at-risk of homelessness. Residents can participate in the Transitional Housing Program until the age of 21 years old. The Ehnita House is designed to support individuals between the ages of 16 and 21 (inclusive), and that they will be ineligible to remain as a participant of Ehnita House after their 22nd Birthday.

- Meet eligibility requirements
- Participate in Programs

Residents will be expected to maintain abstinence from all alcohol and recreational (mood altering) drugs while residing in the Transitional Housing Program and participate in programming.

Referral Process

We require all incoming referrals to be completed by a community service agency to ensure that individual's applying understand that Transitional Housing is not a shelter and is not intended to provide emergency housing in any way. Self referrals are also accepted if references (agencies you are/have worked with) are provided. Completed referrals can be e-mailed to: tnewlove@brantfordnativehousing.com

Attn: Transitional Home Manager

Once we receive the completed referral forms, a Brantford Native Housing staff person will contact the Applicant within one (1) week to schedule an intake interview to assist in determining eligibility and obtain any additional necessary information for review of the application.

Eligibility Criteria

1. Applicant must be in need of housing due to homelessness or at-risk of homelessness (i.e., living in a shelter, temporarily staying with family or friends, etc.);
2. The Applicant must be 16 years of age or older;
3. The Applicant must be eligible for Ontario Works, ODSP or other income programs, if not working;
4. Committed to paying residential service fee;
5. Committed to connecting with community resources and moving toward an independent and healthy lifestyle; and
6. Applicants must agree to sign our Consent to Obtain Information form with the referring community service agency and other service providers the Applicant is working with.

**Transitional Youth Program
Referral Form
Ehnita House**

1.0 APPLICANT INFORMATION:

APPLICANT NAME: _____

Date of Birth: _____

**Indigenous Ancestry: First Nations – Status Métis
First Nations – Non-status Inuit**

Applicant Band and Number: _____

Applicant Address: _____

Telephone/Fax: _____

call text only

Email: _____

3.0 APPLICANT INCOME:

1. What is the Applicant's last source of income?

2. Does the Applicant understand that she/he is required to pay service fees of \$600.00 monthly (shelter portion of OW or ODSP) to stay in the Transitional Housing Program Meals, internet and laundry facilities provided. Yes No

4.0 REFERRING AGENCY INFORMATION:

Name of Agency: _____

Name/Position: _____

Address: _____

Telephone/Fax/Email: _____

5.0 APPLICANT INFORMATION:

1. How long has the Applicant been homeless?

2. Is the Applicant able to complete daily living chores?

3. Does the Applicant have any disabilities?

4.a Does the applicant have any children? Yes No

4.b Does the Applicant have any children that are not in their care and will not be staying with the Applicant? Yes No

5. Where is the Applicant presently living?

- Shelter Family/friends Hotel/Motel
- Other _____

6. Are there any safety issues/concerns regarding current or past intimate relationships?

Yes No

7. If yes, please explain:

Restraining order Peace bonds Custody orders CAS conditions
 Other

8. Is the Applicant on Probation or Parole? Yes No

If yes, who is the Probation/Parole Officer?

Contact info: _____

9. What other agencies/service providers is the Applicant currently working with?

- Ontario Works CAS Probation & Parole Mental Health Supports
 Counselling Legal Services Public Health Services Training Program
 Employment Services Other, please explain
-

10. What wellness steps has the Applicant taken recently?

- Support System Therapy/Counselling AA
 NA Anger Management Group Therapy
 Cultural Activities
 Other _____

11. Is the Applicant on the Methadone program? Yes No

If yes, where does the Applicant access the meds and who manages their participation?

12. What goals does the Applicant want to work on?

6.0 APPLICANT EDUCATION:

- Some High School High School Grad GED Some College
- College Grad Some University University Grad Technical/trade certified
- Training _____

7.0 APPLICANT WORK HISTORY:

Is the Applicant currently employed? Yes No

Employer: _____

Address: _____

Telephone/Fax: _____

Position: _____

Work hours: _____ Salary/Wage per hour _____

Does the Applicant have an up-to-date resume? Yes No

Does the Applicant want to work? Yes No

8.0 HEALTH INFORMATION:

1. When did the Applicant last see a Doctor? _____

Doctor: _____

Phone #: _____

Address: _____

2. Does the Applicant have any life-threatening allergies? Food Environment
 Medicine If yes, please explain:

3. Does the Applicant carry an EpiPen for allergies? Yes No

4. Is the Applicant currently in any type of treatment or counselling for emotional or mental health problems? No Yes, where?

9.0 RISKS:

1. Has the applicant been hospitalized as an inpatient? Yes No

2. Has the applicant stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was short-term stay like the drunk tank, a longer stay for a more serious offense or anything in between. Yes No

3. Has the applicant threatened to or tried to harm him/herself or anyone else in the last year. Yes No

4. Does the applicant have any legal matters going on right now that may result in him/her being locked up, having to pay fines, or that make it more difficult to rent a place to live?

Yes No

Brantford Native Housing Consent to Obtain and Disclose Information

What is “Personal Information”?

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- age, name, social status, income, assets, residency status, Indigenous ancestry, rent payment record, etc;
- opinions, comments, evaluations and observations.

Collection and Use of Your Personal Information

Brantford Native Housing staff will collect, retain and use the personal information provided by you in this form and its attachments for the following purposes:

- considering your application for residential eligibility;
- verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for residency;
- calculating your rent and the collection of your rent;
- meeting legal and regulatory requirements arising out of or relating to your residency;
- for the use of Brantford Native Housing’s auditor to verify our financial records;
- for the purpose of contacting necessary services on your next-of-kin in case of emergency;
- for the purpose of cooperative effort in service provision and case management;
- for the purpose of making repairs or renovations to the residential unit.

Brantford Native Housing will disclose the personal information provided by you in this form to the following parties for the purposes as outlined above:

- to any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Social Housing Reform Act*, or Brantford Native Housing’s housing portfolio operating agreement;
- to the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)*, the *Immigration Act*, the *Health Protection and Promotion Act* and the *Child and Family Services Act*;
- to any agent working on behalf of Brantford Native Housing for the purpose of complying with the *Social Housing Reform Act*;
- to any agent/contractor working on behalf of Brantford Native Housing to make repairs or improvements to the facility or unit;
- to relevant agencies or next of kin in case of emergency;

- to relevant agencies to assist in the cooperative effort and delivery of services, and inclusive of the *Mental Health Act*;
- to credit bureaus, other business or individuals that provide credit or rental history information about you;
- to the City of Brantford – Housing Department for any damage or rental arrears left after vacating the residential unity and to Financial Institutions for the collection of rent;

Andy Joseph, Executive Director of Brantford Native Housing, located at 318 Colborne Street, Brantford, Ontario, N3S 3M9, 519-756-2205 can answer questions and respond to complaints about the collection, use or disclosure of the information.

Consent

I authorize and agree that Brantford Native Housing may collect, use and disclose the personal information that I have provided in this form and its attachments as described above as well as dispose of personal information. I understand and acknowledge that, in addition to the foregoing, Brantford Native Housing, will also collect and use and disclose my personal information as required for the purposes and intentions of meeting legal obligations and in the performance of duties as/or permitted by law.

Applicant Signature

Date

Referring Agency Signature

Date