



## RUTHERFORD ROAD TRANSITIONAL HOUSING APPLICATION FORM

### Personal Information:

Full Name:	Preferred Name:				
Date of Birth:					
Current Address:	City:				
Phone Number:	Email:				
Gender:	Male	Female	Trans	Non-Binary	Other/Not Listed
Preferred Pronouns:	He/Him	She/Her	Them/They	Other/Not Listed	
What is your racial identity?					
Do you require any accommodations?	Yes	No			
If yes, describe:					
Do you require an accessible room?	Yes	No			
Do you require an interpreter?	Yes	No			
Have you applied to this program before:	Yes	No			

### Housing :

What best describes your current living situation?

Shelter	Sleeping Rough	Couchsurfing	Incarcerated	Group Home
Living with family/friends	At Risk of Losing Housing	Evicted from Housing		
Tranistional Housing	Other:			

Are you on the by name list:	Yes	No		
Have you paid rent before:	Yes	No		
Are you interested in receiving aftercare support when you move out?	Yes	No		

**Income:**

*You are required to pay rent for this program. The monthly rental cost is based on income.*

What is your source of income?

OW                  ODSP                  Employment                  OSAP                  CAS                  Other

Total Monthly Income:

Do you have any debt?                  Yes                  No                  If yes, please list:

**Employment:**

If employed, are you currently working:

Full time                  Part time (# of hours                  )                  Occasionally

Training Program (Name of Program                  )

Are you on probation at work?                  Yes                  No

Are you interested in employment?                  Yes                  No

Are you interested in an employment training program?                  Yes                  No

Are you currently receiving any employment related supports?                  Yes                  No                  If yes, by whom?

**Education:**

Are you currently in school?                  Yes                  No

Last Grade Completed:

Other Educational Experiences:

Do you have a goal to return to school?

**Health:**

Do you have any physical health concerns?                  Yes                  No

If yes, please describe:

Are you currently pregnant?                  Yes                  No

Do you have any mental health concerns?                  Yes                  No

If yes please describe:

How often do you access emergency health services?

Do you currently use substances?                  Yes                  No

If yes, what is your substance of choice?

**Social Supports:**

Who is your support system?

Are you currently receiving supports from any community agencies?

Yes

No

If yes, please provide details:

- 1.
- 2.
- 3.

**Goals:**

Why are you interested in this program and what would you like to accomplish while residing here?

What are your housing goals?

What life skills do you hope to develop while in the program?

**Declaration of Applicant:**

To the best of my knowledge, I have provided the most accurate information in my application for Our Place Peel's Youth Transitional Housing program.

Name of Applicant

Date

Completed applications can be sent to:

[transitionalintake@ourplacepeel.org](mailto:transitionalintake@ourplacepeel.org)

OR be mailed to:

Attn: Our Place Peel  
101 - 5 Rutherford Rd  
Brampton, ON  
L6W3J3



**RUTHERFORD RD TRANSITIONAL HOUSING REFERRAL FORM**

Referring Worker:

Agency:

Email:

Position:

Phone Number:

How long have you known this applicant?

What are the applicants strengths and accomplishments?

Why are you referring this young person to this program?

Why do you think they will be successful at Birch Place?

What support do they need to be successful in this program?

What lifeskills does this applicant need to develop while in this program

**Declaration of Referring Worker:**

To the best of my knowledge, I have provided the most accurate information in my referral for Our Place Peel's transitional housing program.

Signature of Referring Worker

Date