



## Youth Shared Housing

### Application Form

#### **Applicant Information:**

First and Last Name:

\_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Social Worker/ Case worker referring: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Housing Arrangement:

\_\_\_\_\_

How long has the applicant been living there?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Income:**



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Source of Income now:

- 1.
- 2.
- 3.

Is the applicant prepared to pay \$1300.00 for rent monthly?

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### Education:

Is the applicant currently attending school? \_\_\_\_\_

Is it full time or part time? \_\_\_\_\_

Name of School:

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Program: \_\_\_\_\_

If applicant is not attending school at the moment, what are some of their future goals around education and skills development? \_\_\_\_\_

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### Medical:



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Does the applicant have any health concerns? Y/ N

If so, please explain:

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Please tell us why you think you are a strong candidate for the Housing Program.

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### Goals:

What are some goals you hope to achieve in the Housing Program?

1.

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2.

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3.

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4.

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How do you think SideBySide can help you achieve your goals?

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Please list 4 skills you feel will help contribute to your independence

1.

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2.

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3.

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4.

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Do you have any concerns (Please check the following if true)

Living in a shared home environment with 3-4 youth? \_\_\_\_\_

Having a youth worker checking in with you weekly? \_\_\_\_\_



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Health and Wellness checks of your private room? \_\_\_\_\_

Any sensitives or concerns about moving into the Youth Shared Housing Program that SideBySide needs to be aware of?

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Lastly, please be sure to attach a letter of reference from a support worker, someone who has known the youth for over year, or a family member that believes in the abilities of the applicant.

### **RELEASE OF INFORMATION WITH REFERRING WORKER**

I, \_\_\_\_\_, hereby permit any exchange information deemed appropriate between SideBySide Housing staff and \_\_\_\_\_ to facilitate my application to SideBySide Children's Village Society's Youth Housing Program. I understand that information exchanged will be handled in a confidential manner.

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Please submit your application and supporting documents to [sheenaram@sbsbc.org](mailto:sheenaram@sbsbc.org)

Thank you