



Youth Housing: Year Intensive Application

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

Source of Income at the moment:

- 1.
- 2.
- 3.

Is the applicant prepared to pay \$400 in rent for the first month of program?

EDUCATION

Is the applicant currently attending school? _____
Is it full time or part time? _____



Name of School: _____

Program: _____

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

MEDICAL

Does the applicant have any health concerns? Y/ N

If so please explain:

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

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

- 1.
- 2.
- 3.
- 4.
- 5.



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

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

- 1.
- 2.
- 3.
- 4.

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

- Living in your own independent suite with 3x or more check in's with youth workers?
- Living in a basement of a foster family home?
- Living in a residential community of foster families, children, and youth?
- Living with animals on the property or in the upstairs unit?

Any sensitivities or concerns about moving into the housing program SOS needs to be aware of?

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 SOS Housing staff and _____ to facilitate my application to SOS Children's Village BC's Housing program. I understand that information exchanged will be handled in a confidential manner.

Date: _____

Name (printed): _____

Signature: _____

Please Fax your application and supporting documents to 604 574 2967 or email documents to kistiesingh@sosbc.org

Thank you