

## Supported Independent Living Program Application

The Supported Independent Living Program (SIL-Y) is for youth 16 to 19 years old who need to explore the possibility of living independently. We help youth who qualify for the program explore their financial assistance options. We also help them find safe, supportive and affordable housing. This form is divided into three sections depending on what kind of help you are looking for:

- If you just want to talk to a worker to explore your options, you only need to fill out the basic information below (Section A).
- If you would like help applying for financial assistance, please fill out Sections A and B.
- If you already have Income Assistance or a Youth Agreement and want to apply for Barnett House or the Independent Living program, please fill out the whole form. We need all the information to make sure we know what you'll need while you're in the program. **If you need help with this form, please ask** (e.g. parent, youth worker, social worker).
- Hand in or send your application to the JHSNI office when you're done (contact info below).

### Section A

#### Basic Information:

First name:	Last name:	Date of birth:
Home phone:	Message phone:	Texting only?
Address:	City:	Postal Code:
School:	Grade:	Disability, if any:
Referred by:	They work at:	Their phone #:

Have you received service from the John Howard Society before?  No  Yes

If yes, which program? \_\_\_\_\_

JHSNI – Independent Living Program

201- 140A 10<sup>th</sup> Ave.

Campbell River, B.C. V9W 4E3

Phone:(250) 286-0611 Fax:(250) 286-3650 Email: cradmin@jhsni.bc.ca

JHSNI's Supported Independent Living Program complies with the Personal Information Privacy Act.

**Section B**

**Additional Information:**

Do you have your birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Care Card number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Insurance Number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Band name:	
Mother's name:	Address and phone #:	
Father's name:	Address and phone #:	
Legal guardian:	Address and phone #:	

**Professional supports (please write their name and phone number):**

- MCFD \_\_\_\_\_
- MSD (income assistance) \_\_\_\_\_
- A&D Counsellor \_\_\_\_\_
- Youth Mental Health \_\_\_\_\_
- School Counsellor \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Declaration – please read and sign the following statement:**

I understand that completing this application does not mean that The John Howard Society of the North Island (JHSNI) will provide me with housing or financial assistance. I confirm that the information in this application is true, correct and complete. I agree to let JHSNI know of any changes to this information, and to provide any supporting materials needed for my application.

I give JHSNI my consent to verify the information given in this application (please list any people we can contact for more information about your application).

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

<b>Signature of Applicant:</b>	<b>Date:</b>
--------------------------------	--------------

**Section C**

**I'm applying for:**

- Bachelor suite in Barnett House
- Other housing with the Supported Independent Living Program

**Education and/or Employment:**

- Attending school  part time  full time
- Waiting to attend school  part time  full time
- Working  part time  full time
- Other (Explain) \_\_\_\_\_

**Personal Wellbeing/Safety:**

- My doctor's name is: \_\_\_\_\_
  
- Do you have any current or past medical concerns? (asthma, diabetes, seizures, etc.)  
 No  Yes Describe: \_\_\_\_\_
  
- Have you had help for mental health in the past? (depression, anxiety, suicidal ideation)  
 No  Yes Describe: \_\_\_\_\_
  
- Do you have any concerns about your emotions or mental health now?  
 No  Yes Describe: \_\_\_\_\_
  
- Is there anything else related to safety we should know about? (e.g. restraining orders, etc.).  
 No  Yes Describe: \_\_\_\_\_
  
- Our programs have a policy of no drugs or alcohol in the unit. How do you plan to manage this around your own use? \_\_\_\_\_
  
- If you smoke, are you ok with smoking outside your suite? \_\_\_\_\_

**Current Housing:**

- Where are you living now? \_\_\_\_\_
- How long have you lived there? \_\_\_\_\_
- If you are homeless or couch surfing, how long has it been? \_\_\_\_\_

**Reasons for your Application:**

- Why do you wish to move? (Please be specific. Write on the back of this form if you need to)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you under notice to end tenancy?  No  Yes  
If YES, **you must** attach a copy of the Notice to End a Residential Tenancy from your landlord.

**Pets:**

- Do you have any pets?  No  Yes (it is important that you list all pets.)
- What kind? \_\_\_\_\_ Total number of pets: \_\_\_\_\_
- Are you willing to give up your pet?  No  Yes

**Income:**

- Where does your money come from? (Work, Youth Agreement, Income Assistance etc.)  
\_\_\_\_\_
- How much money do you get each month? \_\_\_\_\_

**More about you:**

- What do you hope to accomplish in JHSNI's supported independent living program?  
\_\_\_\_\_  
\_\_\_\_\_
- What do you think it means to live independently? \_\_\_\_\_  
\_\_\_\_\_
- Please list at least 2 strengths you have that will help you live on your own and at least 2 things that will be challenging.

Strengths: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Challenges: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**References (if different from the names listed above):**

Please provide two references who support your application for Supported Independent Living:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Self Ratings**

I'm optimistic about the future \_\_\_\_\_ I'm pessimistic about the future

I know everything I need to live on my own \_\_\_\_\_ I know nothing about living on my own

My physical health is great \_\_\_\_\_ I have lots of health problems

My emotions are always stable \_\_\_\_\_ I'm a mess most of the time

I enjoy most days \_\_\_\_\_ Most days suck

Past not an issue \_\_\_\_\_ Painful memories often a problem

I'm in control of my substance use \_\_\_\_\_ My use is out of control

---

  

---

  

---