

## Barnett House Program Application

Barnett House is a program for 16 to 19 year olds who need to explore living independently. The program is typically for youth connected with MCFD and offers transitional housing with support in place to help young people accomplish goals and prepare for full independence. There are rules and expectations that all residents need to follow, such as keeping in regular contact with the Program Coordinator, working on goals, scheduled suite inspections, and limits on visitors. If you are interested in applying please fill out this whole form, we need 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). When you're done, hand in or send your application to the John Howard office (contact info below).

### Basic Information:

First name:	Last name:	Date of birth:
Home phone:	Message phone: (Texting only <input type="checkbox"/> )	Preferred gender pronoun:
Address:	City:	Postal Code:
School:	Grade:	Disability, if any:
Referred by:	They work at:	Their phone #:

### Additional Information:

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

Have you been to John Howard or Foundry before?  No  Yes

John Howard – Barnett House Program  
 140 10<sup>th</sup> Avenue, Campbell River, B.C. V9W 4E3  
 Phone:(250) 286-0611 Fax:(250) 286-3650 Email: mail@jhsni.bc.ca

*The Barnett House Program complies with the Personal Information Privacy Act.*



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

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

**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? (diabetes, seizures, sexual health, 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: \_\_\_\_\_
- Sometimes it's helpful to keep your family updated about how you're doing. Is there anyone we can keep in touch with? \_\_\_\_\_
- 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?     No     Yes

**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)

\_\_\_\_\_

**Pets:**

- We can't have pets at Barnett House. Are you ok with that?     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 at Barnett House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think it means to live independently? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What are 2 or 3 strengths you have for living on your own, and what are 2 or 3 challenges?

*Strengths:*

*Challenges:*

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

**References:**

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

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

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

# DECLARATION

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**Please read and sign the following statement:**

I understand that completing this application does not mean that The John Howard Society of North Island (John Howard) 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 John Howard know of any changes to this information, and to provide any supporting materials needed for my application.

I give John Howard 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>
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# 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 I need to live on my own
My physical health is great	I have lots of health problems
My emotions are always stable	My emotions are always stable
I enjoy most days	Most days suck
My emotions are always stable	I'm a mess most of the time
Past not an issue	Painful memories often a problem
I'm in control of my substance use	My use is out of control