

# Barnett House Program Application

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

Barnett House is a program for young people who are interested in developing independent living skills. Applicants who are already connected to MCFD will be given priority consideration. This program offers transitional housing with support in place to help young people accomplish goals and prepare for complete 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 limitation on visitors.

If you are interested in applying, please fill out this form in its entirety, providing as much information as possible to help us determine how you could benefit most from this 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 listed above.

## Basic Information

First Name:	Last Name:	Date of Birth:	Age:
Phone Number:  <input type="checkbox"/> Text <input type="checkbox"/> Call	Legal Guardian:	Preferred pronoun(s):	
Current Address and City:		Identify as Indigenous Youth? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations Band/Nation Name:	
Referred by (name and phone number):			Date of application:

Have you received service from John Howard or Foundry?

YES

NO

If yes, which program(s)?

**Additional Information**

<i>Do you have your...</i>	YES	NO
Birth certificate		
BC Services Card		
Social Insurance #		
Driver's License		
Bank Account		
Photo ID		

**EMERGENCY CONTACT PERSON**

Name
Relationship
Phone
Address

Do you have a doctor?  YES  NO

Name \_\_\_\_\_ Location \_\_\_\_\_

**Personal History**

History of physical illness? If yes, please describe.  YES  NO

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Any current concerns about your physical health or wellbeing? If yes, please describe.  YES  NO

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History of mental illness (depression, anxiety, personality disorder, etc.)? Describe.  YES  NO

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Any diagnoses? If yes, please describe:  YES  NO

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Any current concerns about your emotions or mental wellbeing? If yes, please describe.  YES  NO

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Admitted to hospital within the last 6 months? If yes, please describe.  YES  NO

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History of suicidal Ideation/attempts? If yes, please describe.  YES  NO

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Are you receiving PWD (Person's with Disability)?  YES  NO

**Substance Use**

Are you currently using?

YES

NO

What substances do you use or have you used?

How often do you use or have you used?

What are your future goals regarding your substance use?

*Our programs have a policy of no drugs or alcohol in the unit.*

How do you plan to manage this around your own use?

Do you smoke/vape?  YES  NO Are you OK with smoking outside the property?  YES  NO

**Professional Supports** Please write their name and phone number:

MCFD \_\_\_\_\_

MSD (income assistance) \_\_\_\_\_

Substance Use Counsellor \_\_\_\_\_

Child & Youth Mental Health (CYMH) \_\_\_\_\_

School Counsellor \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Education and/or Employment**

Attending school currently  P/T  F/T Where \_\_\_\_\_ Grade \_\_\_\_\_

Waiting to attend school  P/T  F/T Where \_\_\_\_\_ Grade \_\_\_\_\_

Working  P/T  F/T Where \_\_\_\_\_ Hours per week \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Other (elaborate) \_\_\_\_\_

**Personal Safety**

Is there anything related to safety we should know about?

YES  NO

For example, restraining orders, history of violence, self-harm, anger, etc.

If yes, please describe:

Are there unsafe people in your life that you'd prefer to stay away from the residence?  YES  NO

If yes, please describe:

**Current Housing**

Where are you living now? \_\_\_\_\_

Why do you wish to move? \_\_\_\_\_

Are you currently in an unstable living environment? (couch surfing, hotel, tent, etc.)  YES  NO

If yes, how long has it been? Please explain:

*Are you safe where you are right now?*

YES  NO

If NO, please explain (attach additional page if needed):

**Pets**

We can't have pets living at Barnett House. We do allow overnight pet visits upon approval.

Are you okay with that?

YES  NO

**Income**

Where does your money come from? (Work, Youth Agreement, Income Assistance, PWD, etc.)?

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How much money do you get per month? \_\_\_\_\_

## More about you

What do you hope to accomplish at Barnett House?

How long do you expect to reside at Barnett House?

What do you think it means to live independently?

What are your strengths?

What do you struggle with?

Tell us a bit about yourself (hobbies, extracurricular activities, passions, etc.)

# 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.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date signed**

Please list any people we can contact for more information about your application:

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

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

# Self Ratings

Where are you on the continuum?

<b>I'm optimistic about the future</b>	<b>I'm pessimistic about the future</b>
<b>I know everything I need to live on my own</b>	<b>I know nothing I need to live on my own</b>
<b>My physical health is great</b>	<b>I have lots of health problems</b>
<b>My emotions are always stable</b>	<b>I'm a mess most of the time</b>
<b>I enjoy most days</b>	<b>Most days suck</b>
<b>My past is not an issue</b>	<b>Painful memories often are a problem</b>
<b>I'm in control of my substance use</b>	<b>My use is out of control</b>