

## **THE VILLAGE – Program Application**

The Youth Services portion of the housing development at 8937 School Street in Chilliwack (hereafter referred to as “The Village”) is intended for occupation by persons who qualify as Program Participants and who are a part of the target youth population as described below. The Village is funded by BC Housing and Chilliwack Community Services has the sole discretion to accept or deny an application. The relationship between Program Participants and Chilliwack Community Services is that of licensor and licensee, and NOT of landlord and tenant. The Residential Tenancy Act does not apply to the relationship created by the program agreement.

### **Eligibility for Youth Services “The Village” Program Participation:**

Eligibility requirements are as follows:

1. Applicant must be at least 16 years of age (15 may be considered under special circumstances) and less than 19 years of age (19 may be considered under special circumstances).
2. Youth are assessed as Absolute Homeless or at Risk of Homelessness (Priority will be given to pregnant or parenting youth). Exceptions may be made if the person is living in an unsafe housing situation.
3. Youth are to provide proof of income in the form of: A recent paystub (no more than 4 weeks prior to submission of application) OR a confirmation of a Youth Agreement OR a current Independent Living Agreement OR proof of current enrolment in Underage Income Assistance. **Please attach photocopied proof of income to the application.**
4. Successfully complete Village Intake Interview
5. Youth with a current ban from the Village must arrange a meeting with the Program Director and Program Coordinator prior to submitting an application in order to be considered

### **Selection Process**

The youth and/or their referring worker will be notified (usually by e-mail) within 30 days of the application being received whether their application meets the basic eligibility requirements. If it does, they will be presented with an interview date for further evaluation. Because space is limited at the program, after completing a Village Intake Interview the application and interview results will be

Form – Village Youth Housing – Application

evaluated by a screening committee to determine whether the applicant is accepted into the program, and where they are being placed on the waitlist. Within 30 days of the interview the applicant will be notified of the committee's conclusion.

Consideration will be given to the following:

1. Degree of homelessness:
  - a. **"Absolute Homelessness"** – Youth who are couch-surfing (e.g. staying with different friends or family members each week or two); at a homeless shelter (Cyrus Center), or on the streets
  - b. **"Unsafe Housing"** – Youth who are living in unsanitary or unsafe dwelling and accommodations, such as homes with a physical and/or emotional abuse component, drug and crime activity, or physical conditions that pose a clear threat to health and safety.
  - c. **"Risk of Homelessness"** – Youth who are living in a temporary accommodation where they do not have control over when they have to leave (e.g. foster care, or they've been given notice of eviction.)
2. Youth willing to answer application questions and interview questions honestly
3. Youth displays the capacity to live independently and learn the necessary skills
4. Existing connection to other community resources and supports (Social workers, counselors, stable adult family members and friends)
5. Youth willing to commit to engage in Youth Support services, which include: active participation in setting goals and developing new skills
6. Youth willing to commit to actively participate in mandatory 13-week life skills program, called Get Stuff Done
7. Youth fully understands the expectations of residing at the Village and demonstrates a willingness to meet those expectations

### **Waitlist**

The waitlist order is based on the following criteria:

1. Date an eligible application received fully completed
2. Degree of homelessness
3. Pregnant or parenting youth are given priority

### **Re-application**

If the youth does not successfully complete the application and Village Intake Interview, they will be provided with the reason for denial and given the opportunity to meet specific expectations prior to re-application.

**If a youth has lived at The Village before and was required to leave the Program for any reason they must wait at least six months for re-application.**



**Chilliwack  
Community  
Services**

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### 1) Youth Information

Name: \_\_\_\_\_ Other Name Used: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### 2) Support or Social Worker (If applicable)

Name of Agency: \_\_\_\_\_

Referral Agency Worker submitting: \_\_\_\_\_

How long have they been working with this client? \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3) Source of Income (Please check one)

Employment (**Must** attach copy of paystub no older than 30 days or application will be declined)

Underage Income Assistance (Must attach copy of recent pay stub to application)

Youth Agreement or Independent living agreement (Must receive confirmation by Social Worker signature or e-mail) Social Worker Signature: \_\_\_\_\_

### 4) Describe Current Living arrangements:

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### 5) Medical Information (Physical / Mental Health)

Pregnant or Parenting: Yes  No

Are there any physical, mental health, or allergy concerns the Village staff needs to be aware of?

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**Mental Health Diagnosis:** Yes  No  *if yes, diagnosis and treatment* \_\_\_\_\_

**Stay in Mental Health Facility or Hospital for Mental Health Reasons:** Yes  No

Date(s) of stay: \_\_\_\_\_

**Suicide Attempts, Ideation, or self-harm:** Yes  No  *if yes, please indicate when, what supports were received:* \_\_\_\_\_

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## 6) Substance Use:

**Hospitalized for Substance abuse/misuse:** Yes  No  *if yes, please indicate when, and what supports were received*

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**Programs attended:** Detox: Yes  No  Recovery: Yes  No   
Treatment: Yes  No  AA/NA Yes  No

History Substance Use	Age of first use	Date of last use	Pattern of use: (How much, how often?)
Alcohol			
Marijuana			
Cocaine			
Crack			
Heroin			
Crystal Meth			
LSD			
Mushrooms			
Ecstasy			
Inhalants			
PCP			
Prescription Drugs (specify)			
Other			

**Have you ever been physically aggressive with another person?** Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever damaged property when you are angry?** Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

**Are there any legal restrictions that we should know about for your safety and ours (ie. Weapons and other restrictions, No Contact Orders for or against etc.):** Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7) Identified Needs

**Which life skills do you want/need to work on?** (Please check off any that apply)

Education  Employment  Cooking  Cleaning  Budgeting  Mental Health Support  Community Connections  Other: \_\_\_\_\_

**Do you want to connect with any of the following supports?**

Alcohol & Drug Resources: Yes  No

Employment/training referrals: Yes  No

Counselor: Yes  No

Mental Health Worker: Yes  No

Family Physician: Yes  No

Other: \_\_\_\_\_

## 8) Education

**Currently Attending School?** Yes  No

**Most recent school attended** \_\_\_\_\_

**Last Grade Completed** \_\_\_\_\_

## 9) Employment

Currently Employed? Yes  No

If Yes, where and for how long? \_\_\_\_\_

**DECLARATION:** Please read and sign this statement

**I declare:**

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

**I authorize:**

- According to and under the Freedom of Information and Protection of Privacy Act, Chilliwack Community Services any information relevant to the assessment of my application; and
- Chilliwack Community Services to receive and exchange with referring agencies, credit bureaus, and my previous landlords, credit and other related information about me to be used in the decision-making process regarding acceptance into the program.

**I understand:**

- That this application does not constitute any agreement on the part of Chilliwack Community Services to accept me into The Village Youth Housing Program; and
- That it is my responsibility to advise Chilliwack Community Services of any changes to the information given in the application and to provide any supporting materials required by my application

Signature of Applicant	Date

When completed, please send or email to:

**Ariana Stevenson, The Village Housing Coordinator**

**8937 School Street, Chilliwack BC V2P 4L5**

**Phone: 604-316-1364 E-Mail: [stevensona@comserv.bc.ca](mailto:stevensona@comserv.bc.ca)**

More information is available on our website at:

**[comserv.bc.ca/housing](http://comserv.bc.ca/housing)**