



We build strong kids,  
strong families, strong communities



## Peel Youth Village Client Application

### Applicant Information:

Surname: \_\_\_\_\_ First: \_\_\_\_\_

Last Address: \_\_\_\_\_

Contact # \_\_\_\_\_ Email: \_\_\_\_\_

Alternate # \_\_\_\_\_ Emergency # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Identified Gender: \_\_\_\_\_  
Day/ Month / Year

Have you ever applied to Peel Youth Village before? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Were you discharged due to an incident? If so briefly explain:

### Demographic Profile:

Legal Status:

- Canadian Citizen  Native Status  Permanent Resident  Sponsored Immigrant  
 Convention Refugee  Other: \_\_\_\_\_

If you are a Refugee or Sponsored immigrant, do you have a valid work permit?

- Yes  No *Please provide a photocopy*

How do you identify yourself racially? Please check all that apply.

- Black / African Canadian  White  Hispanic / Latino  First Nations  Asian  
 East Indian  West Indian  Middle Eastern  Other \_\_\_\_\_

Language Usage:

- English 1<sup>st</sup> Language  
 English 2<sup>nd</sup> Language  
\_\_\_\_\_  
 Francophone  
 Native Language  
 Other: \_\_\_\_\_

Source of Income:

- Full-time wages  
 Part time wages  
 Casual/temp wages  
 Ontario Works Income Assistance  
 Ontario Disability Support Program  
 Other: \_\_\_\_\_



PEEL YOUTH VILLAGE  
99 Acorn Place, Mississauga, ON, L4Z 4E2  
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How do you think PYV can help you reach your goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Peel Youth Village is a semi-independent **program** that provides housing; please list 5 skills you feel you already have that will help you in your stay at Peel Youth Village?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If not enough space please attach a separate piece of paper)

At PYV you are required to meet with workers twice a week for individual programming (this is approximately 2 to 4 hours of counselling and case management) Please mark on the scale of 1 (not eager) to 10 (very eager) how willing you are to participate in these session and describe what you will contribute and why?

1-----5-----10  
 What will you contribute, and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

It is also necessary to participate in our group programming. Please see below and check elective workshops that will assist you in your goals.

**Foundational/Core Workshops (Mandatory Attendance):**

- Effective Communication
- Budgeting
- Conflict Resolution
- Time Management/Goal Setting
- Employment & Training

**Elective Workshops:**

- Healthy Sexuality
- Healthy Relationships
- Writer's Craft
- Cooking/Nutrition
- Self-Esteem/Body Image
- Art
- Recreation

At Peel Youth Village, you will be expected to live collaboratively within diverse populations. Do you have any concerns about living with someone who:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is of the opposite sex?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a mental health concern?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a different ethnic background?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a physical / developmental disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Has a sexual orientation or gender identity that is different from your own?  Yes  No  
 Has a criminal record?  Yes  No  
 Currently or formally use (d) drugs/alcohol?  Yes  No

How did you hear about our program? Please check all that apply.

Friends  Media  Community Agency  Current or former program participant  
 Flyers  Web Site  Outreach Session  Other: \_\_\_\_\_

**IF NOT FILLED OUT, SIGNED & DATED APPLICATION CANNOT BE PROCESSED**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, (print name of applicant)  
 D.O.B, \_\_\_\_\_, hereby permit any exchange of information deemed appropriate between YMCA Peel Youth Village staff and \_\_\_\_\_  
 (print referring worker name) of \_\_\_\_\_ (print referring worker agency) to facilitate my application to Peel Youth Village. I understand that the information exchanged will be handled in a discreet and confidential manner.

**Valid from:**

Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please Note: Applicants who meet eligibility criteria will be contacted for an assessment meeting within 5 business days.**

**Thank you for your interest in Peel Youth Village**

**\*\*PLEASE PHOTOCOPY AT ANY TIME\*\***

**Privacy Statement**

YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect and use personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also receive periodic mailings from us with information about other YMCA programs and services that may interest and benefit you. For more information on our YMCA commitment to privacy, please contact YMCA Customer Service at (416) 928-9622 or visit our website at [www.ymcatoronto.org](http://www.ymcatoronto.org) and click on "Privacy Statement".



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# Peel Youth Village

## Service Provider Referral Questionnaire

Please read through the information package carefully so you **fully** understand the application, interview and intake process. If you have questions or concerns please feel free to contact our intake/assessment team.

Below you will find our referral questionnaire for the referring agency to fill out. As well there is an application form for the client to complete. Please have your client complete the application form and service provider the referral questionnaire.

Please note only complete referrals packages will be processed. A COMPLETE referral package has both the client application and service provider referral questionnaire filled out and signed, with any supporting or required documentation.

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### Referee Information:

Referring Worker: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been working with this person? \_\_\_\_\_

1. Currently have you observed the following while you have been working with this youth?

- Has no plan/direction to set goals
- Cannot cope with stress and struggles to function
- Overwhelmed and unable to manage
- In denial and not taking ownership
- Motivated to change and wants and needs support
- Has direction and able to set goals and follow through
- Ready, able and eager to work for positive change.
- Quick to learn and self starter
- Follows through on commitment or task given
- Coping with the present stress but needs assistance to make a plan
- Being pro-active in resolving their problems, Please describe how.

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2. To your knowledge and through your observation, does this young person struggle with:

A) Mental health? Please Be Specific

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B) Substance use/abuse? Please Be Specific

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3. What are the reasons you are referring this youth to Peel Youth Village? Please Be Specific.

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4. What have you assessed as the immediate, short term and long term needs of this young person?

Immediate	Short term	Long term

5. What other community support services are in this young person's circle of care (currently involved)? What community supports would you recommend for this young person's circle of care?

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6. What type of support do you think this young person needs most from the Peel Youth Village staff?

- One to one counselling
- Case management support
- Goal setting
- Budget counselling
- Emotion and anger management
- Coping Skills
- Job skills
- Other: please list below

7. On a scale of 1 (least likely) to 10 (mostly likely) where would you place this young person's likelihood of succeeding at PYV. Please provide any/all evidence you have to support your evaluation? *(If not enough space please attach on a separate paper)*

8. Are you willing and able to continue as a support contact for this young person? How involved will you be? Please be specific (weekly meetings, phone calls visits etc.)

9. Do you have another plan if your client is not accepted into PYV? If so what other options are you exploring? *(If not enough space please attach on a separate paper)*

**Referring Worker(s) Agreement Statement:**

I have read through the Peel Youth Village referral package and understand Peel Youth Village's criteria for acceptance. I have advised my client that this is an application and interview process that will determine which applicant will best meet the suitability criteria. I have also advised my client that there is a rental cost (\$342) and occupancy agreement that they will have to sign if they are accepted into Peel Youth Village. Furthermore, I have explained to my client that they will have to commit to mandatory program attendance, case management support and working on their goals and action plan to live at Peel Youth Village. I plan on continuing to work with this client towards a plan of action while this application is processed.

Name of Referring Worker



Signature of Referring Worker

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