



PERSONAL INFORMATION

Last Name		First Name		Date of Birth M D Y			Sex	Marital Status
Health Card Number		<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee	<input type="checkbox"/> Sponsored		
Address		Apt/Unit #	City			Postal Code		
Preferred Language:		<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-Aboriginal	
Contact Telephone Number(s)								
Home		() -	Business		() -	Ext:		
Emergency Contact		() -	Business		() -	Ext:		
Other		() -			() -	Ext:		
Referral Source (Check Off)								
<input type="checkbox"/> Self		<input type="checkbox"/> Other						
Name:			Organization:			Number: () -		
Reason for Referral: _____								

PROGRAM

Check areas of support you may be interested in.

- | | | |
|--|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Laundry | <input type="checkbox"/> Social |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Time Management | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Tenant Association |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Other – Please list: |

Declaration of the Applicant

To the best of my knowledge I have provided accurate information in support of my request for services.

x _____
Applicant's Signature Month Day Year

x _____
Guardian / Trustee Signature (If applicable) Month Day Year

() _____
Guardian / Trustee Signature (If applicable) Address City Postal Code

Phone Number _____

As the program at Peel Youth Village is a Region of Peel program, the applicant's personal information is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the Ontario Works Act 1997, s. 7. The information collected will be used for assessing applications and determining eligibility of applicants for support at Peel Youth Village as well as to assist SHIP and The Regional Municipality of Peel with the proper operation of the Peel Youth Village program and the provision of applicable program support services to its residents. Additionally information collected will be used for statistical reporting to other government agencies. Any questions regarding this collection may be directed to SHIPs Privacy Officer at 905-795-8742 who can answer questions about the collection of information under this program.

Important Note

It is the policy of Central Intake to fully respect each applicant's confidentiality. However, there are limitations on our ability or obligations to maintain confidentiality, Central Intake is required to share information to the partnered agencies involved with determining eligibility for Supportive Housing, when your behaviour poses a threat of physical harm to yourself or someone else, or other legally required reporting situations.