

Supportive Housing for 2SLGBTQ+ Youth

Program Description

The INNclusion Program is a program that provides supportive housing for up to four (4) 2SLGBTQ+ youth at risk of or experiencing homelessness in a community rental unit leased by Blue Door. The program participants enter into an agreement of service and work within the program guidelines to work towards greater independence and self-sufficiency with the end goal of obtaining long term housing by the end of the term of the agreement.

Contact Information		
Chosen Name:	Legal Name (if different from above):	
What are your pronouns:	Date of birth (dd/mm/yyyy):	
Do you identify as 2SLGBTQ+? Yes ☐ No ☐		
What is the best way for us to reach you? (checkm	nark if there is a preferred method)	
☐ Telephone/cell phone number? ☐ Email:		
If we can't reach you directly, do you give us permapplication? Yes \Box No \Box	ission to contact another person about your	
If yes, please include their contact information:		
Name:Phone Number: Email Address:		
What is the name and pronouns this person would	d use to describe you?	
What would you expect to gain from living in an Lo	GBTQ2S+ Transitional Housing Program?	



Previous Housing		
In the la	ast six (6) months, where have you been sleeping most of the time (check any that apply)?	
	Emergency Housing/Shelter On the Street or Living Rough Transitional Housing Hospital or Treatment Centre Jail or Detention Centre Group or Foster Home Couch Surfing With Friends With Family Independent Housing	
	Other. Please Explain	
	are you currently sleeping? our current living situation feel safe for you? Why or why not?	
Educa	tion	
Do you	u currently in school? Yes No Full Time Part Time have any educational goals? Yes No blease list:	
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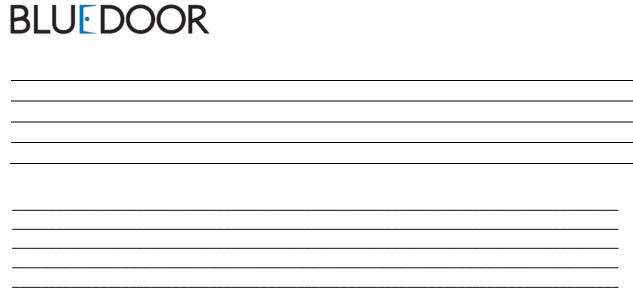
Income and Employment:	
ODSP	☐ F/T Employment (where):
□ ow	☐ P/T Employment (where):
CAS Support	☐ Other, not listed:
☐ No income	
Do you have any employment If Yes, please indicate below:	related goals? Yes □ No □
Do you have any prior work ex	xperience? Yes No If yes, Where?
Ongoing Individual and Grou	p Case Management
	y goals that you would like to work on/accomplish if you are accepted into as many or few as you wish). Yes \Box No \Box

How often would you be open to meeting with a program worker?

^{*}An expectation of the program is that participants engage in individual and group programming.



\square More than once/week
☐ Once a week
☐ Only when I need support
\square I do not want to meet with a worker
If less than once a week, please explain why:
Are you currently connected to or working with any external organization/service providers?
Yes □ No □
If yes, please list below:
Do you have any access needs that we should be aware of at this point? (Answering this question will not impact your application at all. This is just to gauge any specific needs that will relate to the program. This question is optional).
□Deaf
☐ Hard of Hearing
☐ Mobility Aids ☐ Languages
☐ Other. Please Specify:
Feel free to share any other information that you feel may be important to your application below:



Thank you for your application. We may contact you for more information if necessary.