First Step to Home Application

About the Program

FSTH is a transitional support and housing program at 650 Queen St. East (New Edwin) in Toronto. It offers psychosocial supports, healthcare services and safe, affordable housing within the building. The aim of the program is to help older men make a successful transition from living on the streets to a more stable healthy lifestyle.

The program is available for 28 Men, aged 55 or older who are street involved, homeless, or have a history of unstable housing and have mental health or substance use problems. As part of the program, FSTH provides 28 furnished bachelor units at the New Edwin.

Program Eligibility

In order to qualify for the First Step to Home program, the following criteria must be met:

1. Be 55 years of age or over and identify as male

2. Have mental health and/or substance use issues (Self-identified or Diagnosed)

3. Be street involved, homeless, and/or have a history of unstable housing

4. Be interested in transitioning from living on the streets, in shelters and unstable housing to permanent long term housing in the community

5. Be interested in being part of a wrap-around program with on-site supports

6. Be willing to sign and abide by the "Resident Expectation Agreement" agreeing to:
    - Develop an individualized support plan (Coordinated Care Plan)
    - Actively participate in program supports on an ongoing basis (including but not limited to, attending individual and/or group sessions regularly)
    - Adhere to housing rules and regulations found under the Residential Tenancy Act as well as those rules and regulations specified by the program.
    - Live in housing that has a zero guest policy
    - Actively participate in a search for permanent housing in the community

Selection Criteria – Program Eligibility and FSTH Capacity

- FSTH strives to provide equitable access to and care within the program
- All applications must be submitted by the application deadline
- Applicants will be selected for interview based on consideration of need and current program capacity. The FSTH team strives to balance staff case load and program capacity in order to ensure clients are receiving the right level of care

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Application Process

1. Application

- A call for applications will be sent out as spots become available in the program. Applications must be returned within a week of the call
    - Please note we will not be keeping previous applications sent in. Applicants are encouraged to send an updated application if still interested in the program when new programs spots become available.
- All Applications should be completed by client and their respective worker – in unison/together. Please let us know if you require any accommodation or assistance with the application
- Please provide as much information as possible, incomplete applications will not be reviewed
- The more information clients provide in the application the better, as this information will be used to help clients set goals if they are accepted into the program

2. Program Interview

- Applicants will be contacted either directly or through their worker and a program interview will be scheduled at 650 Queen Street East
- During the Interview we will review the application with you and ask you further questions to understand the level of support you require and if we can meets your needs.

3. Housing Requirements and Viewing

- Applicants who have met program requirements and are deemed to be a good fit for the program, will be reviewed for their housing eligibility. This will include the following:
    - Income and Asset Review
    - Housing History with WoodGreen
- Applicants will be given a tour of the building and a chance to meet the full FSTH team

4. Participant Expectation Agreement

- Applicants who meet the Program and Housing Requirements who are offered a program spot will need to sign the Participant Expectation agreement
    - This agreement will outline the requirements and expectations that you will need to meet in order to stay in the program

5. Occupancy Agreement *

- The occupancy agreement will be signed and a move-in date assigned

* The Occupancy Agreement outlines the resident responsibilities whereas the Participant Expectation Agreement outlines the participation responsibilities.

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Please complete the following and send back:

Part 1 - Basic Information

First Name: _____ Last Name: _____

Date of Birth: _____

Gender: ☐ Female ☐ Male ☐ Trans ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Common-law ☐ Widowed ☐ Divorced

Preferred Language: _____ Other Languages: _____

Part 2- Housing and Homelessness History

How long has it been since you lived in permanent, stable housing? _____

How many places have you stayed at in the past 6 months? (Count each shelter, friend's house, etc. separately) _____

In the **past 3 months** where have you spent your nights? (Respond in either number of days or percentage of days)	In the **past 6 months** where have you spent your nights? (Respond in either number of days or percentage of days)
	☐ **Same as past 3 months**
Circle how you are responding % of Days # of Days	Circle how you are responding % of Days # of Days
___ Streets ___ Jail ___ Hospital/ Emergency Room ___ Shelter/Hostel ___ Rooming House – With or Without Lease ___ With Friends/Family ___ Apartment with/ Without Lease ___ Other - Please Describe	___ Streets ___ Jail ___ Hospital/ Emergency Room ___ Shelter/Hostel ___ Rooming House – With or Without Lease ___ With Friends/Family ___ Apartment with/ Without Lease ___ Other – Please Describe

Why did you leave your last housing? (Select all that apply)

☐ Evicted – Didn't pay rent
☐ Went into hospital
☐ Incarcerated
☐ Wasn't safe
☐ Overcrowding
☐ Relationship breakdown
☐ Accessibility issue (e.g. couldn't get up the stairs)
☐ Moved to new city
☐ Discharged from a program
☐ Was isolated or too far from everything
☐ Evicted – Other reason – Please Describe
_____

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Where have you stayed the most in the past 2 years? (Select one)

- ☐ Streets
- ☐ Jail
- ☐ Hospital/ Emergency Room
- ☐ Shelter / Hostel
- ☐ Supportive Housing
- ☐ Transitional Housing
- ☐ Own Home
- ☐ Rooming House – With / Without Lease
- ☐ Group Home
- ☐ Friends/Family
- ☐ Apartment With Lease
- ☐ Apartment Without Lease
- ☐ Other – Please Describe

_____

Part 3- Your Health

To the best of your knowledge, what issues affect your physical wellbeing? (Check all that apply below)

- ☐ Allergies
- ☐ Arthritis
- ☐ Breathing issues
- ☐ Back pain
- ☐ Cancer
- ☐ Chronic pain
- ☐ Diabetes
- ☐ Headaches or Migraines
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ Mobility issues
- ☐ Stroke
- ☐ Other - Please describe

_____

To the best of your knowledge, what issues affect your mental/emotional wellbeing? (Check off below)

- ☐ Anxiety
- ☐ Anger
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Grief/Loss
- ☐ Hearing or Seeing things others don't
- ☐ Schizophrenia
- ☐ Self-Harm
- ☐ Stress
- ☐ Self – Esteem/ Self- Confidence
- ☐ Trauma / Posttraumatic Stress Disorder (PTSD)
- ☐ Other - Please describe

_____

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To the best of your knowledge, have you ever been diagnosed with the following?

- ☐ Developmental Disability (E.g. Autism, Down Syndrome)
- ☐ Learning Disability (E.g. Dyslexia)
- ☐ Dementia
- ☐ Alzheimer's
- ☐ Acquired Brain Injury
- ☐ Other - Please describe

_____

Do you take medications to help you with any of the conditions above?

☐ Yes ☐ No

Have you previously struggled with substance use issues?

☐ Yes ☐ No

What substances do you currently use?	**What Substances would you like to reduce your use of?**
☐ Alcohol	☐ Alcohol
☐ Benzos (e.g. Valium)	☐ Benzos (e.g. Valium)
☐ Amphetamines	☐ Amphetamines
☐ Crystal Meth	☐ Crystal Meth
☐ Prescription Medication	☐ Prescription Medication
☐ MDMA/Ecstasy	☐ MDMA/Ecstasy
☐ Crack/Cocaine	☐ Crack/Cocaine
☐ Opioids	☐ Opioids
☐ Street – (E.g. Heroin)	☐ Street – (E.g. Heroin)
☐ Prescription – (E.g. Oxys)	☐ Prescription – (E.g. Oxys)
☐ Marijuana	☐ Marijuana
☐ Smoking/Tobacco	☐ Smoking/Tobacco
☐ Other	☐ Other
☐ None	☐ None

What is the longest period you have abstained from your substance(s) of choice?

_____

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Part 4 - Legal History

Do you currently have any legal issues?

☐ Yes ☐ No

If Yes: What type of legal issues? Check off below.

☐ Pending charges
☐ Awaiting trial
☐ Awaiting sentencing
☐ Incarcerated
☐ Court diversion
☐ Family court
☐ Immigration court
☐ Traffic court
☐ Landlord and Tenant Board
☐ Human Rights Tribunal

Have you previously been charged with an offence?

☐ Yes ☐ No

Are you currently on Parole or Probation?

☐ Yes ☐ No

Please use space below for any comments relating to legal history

_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____

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Part 5 - Life and Interests

	When you are at your best how would you rate your skills in the following:					When you are struggling how would you rate your ability to complete the following? (Please consider how your physical health, mental health, substance use may affect your ability to complete these tasks)				
	Very Poor	**Poor**	**Fair**	**Good**	**Excellent**	**Very Poor**	**Poor**	**Fair**	**Good**	**Excellent**
Meal Preparation (e.g. Planning Meals, Cooking)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Housework (e.g. Doing dishes, making bed, sweeping/vacuuming, laundry, cleaning washroom)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Managing Finances (paying bills, budgeted, managing credit card / other debt)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Managing Medications (Remembering to take medications)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shopping (Shopping for food and household items. e.g. selecting items and paying money)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Transportation (Traveling by public transit - navigating system, paying fare)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Personal Hygiene (combing hair, brushing teeth, shaving, washing drying face, bathing and showering)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Walking and Mobility (walking on the sidewalk, climb stairs, get in and out of chair)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Maintain Relationships (Ability to hold a civil conversation, ability to control emotions, ability to navigate conflict)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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What are you good at or interested in? (Check all that apply)

- ☐ Reading
- ☐ Cooking /baking
- ☐ Gardening
- ☐ Caring for animals
- ☐ Crossword puzzles
- ☐ Fixing things
- ☐ Sports
- ☐ Art - Painting, drawing etc.
- ☐ Computers or technology
- ☐ Helping others
- ☐ Writing
- ☐ Theater/movies
- ☐ Singing
- ☐ Music
- ☐ Chess
- ☐ Teaching/coaching
- ☐ Comedy
- ☐ Video games
- ☐ Cards or board games
- ☐ Volunteering
- ☐ Working with your hands

Not Listed? Tell us!

_____

Is there anything about your culture, religion or beliefs that you feel would be helpful for us to know about?

_____

_____

Is there anything else you'd like to tell us about you?

_____

_____

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Part 6 – Consent

All the information you have given us remains confidential.

Please read the declaration and consent below carefully and sign if you are in agreement.

DECLARATION AND CONSENT

I have completed this application accurately and have done my best to ensure the information is correct.

I understand that if I am called for an interview (Part B), I am required to provide verification of my income, assets and status in Canada and I allow WoodGreen Community Services to verify any related information I provide at the time.

I agree that in order to assess my support needs, First Step to Home Staff may contact and share information with my primary support worker and/or agency listed below.

_____ _____

Applicant's Signature Date

REFERRING SUPPORT AGENCY STATEMENT

Your referring support agency must sign below:

To the best of my knowledge, the information contained in this application is correct.

The applicant has been connected to our agency for the following length of time:_____

Name of Primary Support Worker: _____

Name of Referring Agency: _____

Phone: _____ Email:_____

Signature: _____ Date: _____