



SUPPORTIVE HOUSING APPLICATION

Caitlan's Place is a supported housing facility for women and gender diverse individuals who are navigating the criminal justice system. By completing this application, you will be considered for housing at Caitlan's Place.

ARE YOU ELIGIBLE?

- Woman/gender diverse age 18+
- Involved in criminal justice system
- Homeless or at risk of homelessness
- Require 24/7 support and/or supervision
- Able to live communally with 14 other residents
- Have an income source to pay rent of \$535 (IA, pension, OAS, wages, etc.)
- Willing to work with on-site supports

REASON FOR SERVICE

- Exiting a jail or prison
- Residing in a homeless shelter
- Currently unsheltered / couch surfing
- Being evicted / discharged from housing

Referral Source: _____ (if no one put self-referred)

PERSONAL INFORMATION

Name: _____

DOB: _____

Racial/Cultural Background: _____

Income Source: _____

Medical Diagnosis: _____

Phone: _____

Email: _____

PROGRAM INFORMATION

If you qualify, you could live in a private room in a 15-bedroom building with on-site support services. Your rent includes housing, meals, and support. Living units vary in style and size. Bedrooms are fully furnished.

- Individual room with furnishings and locked door

- Court Support and legal system navigation
- Shared bathroom, living room and kitchen
- Healthy and nutritious meals
- An individual caseworker
- Free laundry facilities
- Access to support staff – 24/7
- Training for life skills, employment skills, paid employment
- Therapy, programs, addictions, and mental health services

RIGHTS AND RESPONSIBILITIES

By initialing next to each line, you acknowledge the rules and responsibilities of Caitlan’s Place and understand that failure to comply may result in eviction and inability to reapply in the future.

- _____ Drug and/or alcohol use is not permitted at Caitlan’s Place
- _____ Overnight visitors/guests are not permitted
- _____ Possession of illicit drugs and/or alcohol at Caitlan’s Place is prohibited
- _____ There is a household curfew of 12 midnight
- _____ Smoking of any kind is not permitted inside the house
- _____ Theft, violence, threats, harassment and/or illegal activities are prohibited
- _____ Monthly house meetings are mandatory
- _____ Residents are subject to searches of their rooms and personal belongings
- _____ Prescribed medications must be stored in the office
- _____ Residents are expected to follow the directions of the on-site staff

ADDITIONAL INFORMATION

Why do you want to be considered for housing at Caitlan’s Place?

What types of support and services are you interested in?

Please list 3 personal goals that will assist you to maintain successful housing at Caitlan's Place:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance into Caitlan's Place, I understand that false or misleading information in my application or interview may result in eviction.

Signature: _____ Date: _____

FOR BAIL RELEASE ONLY

The Coverdale Bail Supervision and Support Program is limited to persons who are remanded and upon assessment are granted judicial interim release (bail) pursuant to section 515 of the *Criminal Code*. By completing this section, you will be considered for entry into the Bail Supervision and Support Program while residing at Caitlan's Place.

What are you charged with?

Who is your lawyer?

When is your next court date?

By initialing below, you are agreeing to the terms and conditions of the Bail Support Program and understand that failure to comply will result in dismissal from the program:

- _____ I agree to have my court ordered conditions monitored 24/7 by Coverdale
- _____ I understand that failure to follow my conditions will result in a breach report
- _____ I agree to meet with my caseworker weekly
- _____ I will attend all court appearances and legal appointments
- _____ I will participate in the supports outlined in the plan put forward that secured my release

I understand that failure to comply with these stipulations may result in discharge from the Bail Supervision and Support Program

Signature: _____ Date: _____