

What is the Sanctuary Transitional Housing Program?

Affordable and supportive **program-based** housing designed for women (19+), including Trans-women, and their children who are early in their recovery journey and are experiencing precarious housing, homelessness, and continuing to experience barriers and challenges. Sanctuary Transitional Housing places a significant emphasis on relationships, community connections, and supportive programs.

- **Drug and alcohol-free property.** Any use of drugs and alcohol, in any manner outside of using medication as prescribed, is strictly prohibited.
- **Fully furnished** studio, 1, 2, and 3-bedroom apartments that are provided at lower-than market rates.
- **Laundry** facilities located on each housing floor.
- **Pets** are not permitted.
- One-year **Program Tenancy Agreements** that are renewable up to four times.
- If the Program Tenant receives income assistance, rent will be based on the maximum **shelter allowance**.
- If Program Tenant is in receipt of income from employment or other sources, the rent will be based on **30% of gross income** (a minimum rent applies).
- **Damage Deposit** is required and is based on apartment size.
- **Mandatory Programming.** A Case Manager will go through expectations with each Program Tenant.
- **Curfew hours** are based on the program phase Tenant is in.

Who is eligible?

1. Individual **women & women-led families** in early recovery* stages who are looking for abstinence-based housing that provides wraparound services and supports.
2. ***Early recovery** refers to a period of up to 5 years since beginning a recovery journey; however, our priority will be to accept women who require support based on where they find themselves on the timeline of their personal recovery journey.
3. You are a mother in recovery who is **pursuing reconciliation** with your child/children currently "in care".
4. You are a **minimum of 6 months** into your recovery journey and are free from substance use in order to qualify for a Program Tenancy Agreement.
5. You are willing to participate in a **Personal Development Plan** which involves partaking in supportive recovery and community-based programs and supports.
6. Other community members, in recovery, with same recovery guidelines.
7. ****A priority will be placed on referrals from DTES community contacts in early recovery, however, we will consider applicants outside of the Lower Mainland as appropriate.****

Below are some of the services and supports the Sanctuary Transitional Housing Program offers - participation dependent on phase and individual needs. Please read them over and consider if your goals align with the program supports and expectations:

- A Housing and Aftercare Team to support community needs and those living in transitional housing
- Life skills and career development
- Counselling/Coaching
- Spiritual support and mentorship
- Peer leadership and volunteer opportunities
- Internship and Social Enterprise opportunities
- Participation in Recovery Meetings
- Recreational and Community activities
- Childcare for infants, toddlers, and preschoolers
- After school care for children in elementary school
- Teen programs and activities (14-18 years old)

Pages 1-2 are for Applicant to keep

Pages 3-6 are to be submitted to SanctuaryTransitionalHousing@ugm.ca

Application

Answers are collected for planning and reporting purposes and do not automatically disqualify you for transitional housing. The information you give will be kept confidential.

Section 1: Household Information

Applicant's First and Last Name:

Alias/Nickname (optional):

Current Address:

Phone:

E-mail Address:

Date of Birth (MM/DD/YYYY):

Gender: Female Other

Do you identify as being an Indigenous person of Canada? No Yes: check below

First Nations Metis Inuit Other

Children: No Yes, please list below:

First and Last Name(s)	Gender	Age	Birth Date: (MM/DD/YY)	Ministry Involvement?
	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of your children currently in your care? Yes (who?) No

If no, is reunification a goal for you while you are in the Sanctuary Transitional Housing Program?

Yes (when?) No

MCFD or VACFSS Involvement? MCFD VACFSS Other: None

Social Worker Contact Information

Name:

Phone Number(s):

Email:

How long have they been working with you?



Section 2: Health Information

To consider your housing needs, please list below any household members that have a confirmed disability and/or health concerns.

Physical:	Mental (diagnosed or undiagnosed):	Substance Use (past or present): <input type="checkbox"/> Yes <input type="checkbox"/> No Drug of Choice (DOC): Recovery Start Date:
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Section 3: Housing Information

1. Please indicate your current living situation:

- My own place Hospital or Treatment Facility Staying with friends
- Hostel / Hotel Corrections facility No current housing

Other, please specify:

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2. How long since you last had stable housing? days / months / years (circle one)

How long have you been in this living situation? days / months / years (circle one)

3. Is there any length of stay deadline in your current living situation?

- No Yes, the date your living situation will end:

4. Reasons for applying other than a need for housing:

- Coming From Treatment

Date entered:

Date ending:

- Family Breakdown Physical Violence Refugee Claimant
- Fire / Unsafe Premises Transient Lifestyle Government-Assisted Refugee
- Financial Management Emotional Wellbeing Coming from Criminal Justice System
- Other:

Section 4: Financial Information

Ensure that you list income from all sources (child tax credit is NOT included as income):

- No Income Source*:

Total Monthly Income: \$

*Verification of income listed will be required if your application is selected for an interview. Do not attach or send financial information with this application.

**We require all accepted applicants to submit an 'Intent to Rent' form to the ministry to request for direct deposits to UGM for monthly rent.



Section 5: Referral Source & Contact Information

Please provide the names and contact information of two references who can help us locate you and/or verify the information provided in this application. This could include, but is not limited to, health care professionals, income assistance, mental health team, outreach, support workers, or case workers, etc. Please include any relevant information as appropriate. References will be checked.

Reference 1

Contact or Organization Name

Phone Number(s):

E-mail:

Relationship to you:

Reference 2

Contact or Organization Name

Phone Number(s):

E-mail:

Relationship to you:

Is an organization helping you complete this application? No Yes, their contact info:

Contact or Organization Name:

Phone Number(s):

E-mail:

How do you believe the Sanctuary Transitional Housing Program will address your current housing needs?

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Section 6: Declaration & Consent

The Freedom of Information and Protection of Privacy Act covers the collection, use and disclosure of personal information. This application is designed to collect specific information from applicants seeking assistance.

1. I DECLARE:

This is my application and all the information in it is true and complete to the best of my knowledge.

Yes No

2. I PERMIT:

Union Gospel Mission to verify any of the information I have provided in this application in order to assess my eligibility for the Sanctuary Transitional Housing Program.

Yes No

3. I ACKNOWLEDGE AND UNDERSTAND:

It is my responsibility to immediately provide all information and documentation that is reasonably requested by Union Gospel Mission to determine my eligibility for the Sanctuary Transitional Housing Program. Any changes in my income, marital status, family size, or the people sharing my apartment must be reported to the Sanctuary Housing Administrator.

Yes No

If I wish to withdraw this Declaration and Consent, I may do so at any time in writing to the Sanctuary Housing Coordinator. However, withdrawal of this consent will result in my ineligibility for the Sanctuary Transitional Housing Program.

Yes No

Applicant: Date:
SIGNATURE MM/DD/YYYY

Witness: Date:
SIGNATURE MM/DD/YYYY

Witness:
PRINT NAME

