YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

YWCA HOPE REFERRAL PACKAGE

All referrals must be submitted to the email address hope@ywcalethbridge.com

YWCA HOPE is a transitional housing program for women and women with dependents who are in crisis and/or fleeing domestic violence. Participants can reside at the YWCA for up to 18 months in a communal living setting (shared common areas – kitchen, washroom, laundry, etc). Accommodations are affordable and below market housing. Program fees are dependent on family size but a single unit is $750, while a family unit is $950. Program deposit is $500 and all fees must be paid upon move in. All applicants **must:**

- **Be over the age of 18yrs and be able to live independently without 24-hour support**
- **Attach a copy of ID and ID of dependents with this application (acceptable IDs include Driver's License, Govt-issued ID for applicants while IDs of dependents include Birth certificates of children and health care cards)**
- **Provide a copy of Parenting Order if applying with custodial children**
- **All dependents will be accepted under the age of 18**
  - **Adult dependents with disabilities will be considered on a case-by-case basis**
  - **Any dependent who attains the age of 18 while in the program, will be allowed to stay for the duration of the agreed upon period**
- **Attach a copy of proof of income with this application (AISH paystubs, 60-day bank statement, verification of employment, Confirmation of ongoing Alberta Income Support etc)**
- **Be able to live independently without 24-hour support**
- **Work with YWCA staff on an individualized service plan**

No pets are permitted within the YWCA Lethbridge & District.

Referral Process

All referrals must be completed in full and must accurately represent the applicant's information. Referrals may be submitted by a domestic violence shelter or community agency. Self-referrals will be reviewed and accepted on a case-by-case basis. The YWCA HOPE staff will confirm receipt of the application.

All applications must have 2 references to help determine eligibility to the program. Suitable references can include a job reference, landlord, community agency, and/or religious or cultural representative.

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and in accordance with any agreements in place. All personal information collected during the registration process, during the client's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP Act. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities, or policies under his administration (e.g., research, statistical analysis) or for receiving provincial and/or federal funding.

YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

Once the participant has been referred, they must agree to an in-person or online interview with YWCA staff to ensure the YWCA HOPE Program is appropriate for them. Children may be present at the interview if appropriate and childcare cannot be found.
Participants may be placed on a waitlist and reassessed once space is available.

Program Acceptance

The applicant will be notified by YWCA HOPE staff if they have been accepted into the program. The applicant has 2 business days to confirm acceptance of the offer.

Applicants will be given a Rent Report and program Acceptance letter. These can be utilized to secure funding for all program fees. The applicant must confirm a move in date and be able to pay program fees. A maximum of 1 week will be granted to secure funds.

Move in will only occur during business hours (Monday-Thursday 8am-3pm). A walkthrough and room inspection will occur at this time. Inspection will include a detailed document with any damage that will be reviewed again at move out with YWCA Facilities Manager and YWCA Case Manager.

Waitlist

If an applicant is accepted and there is no space available, applicant will be contacted and placed on the waitlist. Once there is space, they will be contacted and then the interview will be set up.
This waitlist will be prioritized in a triage manner based on needs, and not on first-come first served basis.

All applicants on the waitlist must contact the YWCA HOPE Program monthly to confirm that they are still interested and want to be part of the program.

If an applicant's information changes while on the waitlist, the applicant must submit a new referral form with the updated information

Any questions and inquiries can be submitted to hope@ywcalethbridge.com

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and in accordance with any agreements in place. All personal information collected during the registration process, during the client's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP Act. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities, or policies under his administration (e.g., research, statistical analysis) or for receiving provincial and/or federal funding.

YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

YWCA HOPE CHECKLIST

Please see the below list of items needed to complete and support your Referral to YWCA HOPE Program.

Personal Information

- ☐ Identification for applicant
- ☐ Identification for Dependents
- ☐ Parenting Agreement if applicable
- ☐ Danger Assessment if applicable

Income Verification – please include all applicable documents for your income. This may include one or many of the following:

- ☐ Notice of Tax Assessment – Most recent
- ☐ Bank Statement – 60-day statement
- ☐ Employment Income – Pay Stubs: last three (3) months
- ☐ Alberta Works benefit stub – current benefit card with amount received included
- ☐ AISH benefit stub – current benefit card with amount received included
- ☐ Employment Insurance (EI) – copy of summary showing amounts received
- ☐ Pensions (CPP, OAS/GIS, ASB, Private Pension, Annuities) – 60-day bank statement or confirmation of benefits letter
- ☐ Student – Enrolment Verification & Student Finance Notice of Assessment (Funding Allocation) or Student Funding from Alberta Works
- ☐ Other - _____

HOPE Documents

- ☐ Completed referral form

Our business hours are Monday to Friday from 0800-1600. If you have any questions with regards to this checklist, please email YWCA HOPE at hope@ywcalethbridge.com.

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and in accordance with any agreements in place. All personal information collected during the registration process, during the client's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP Act. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities, or policies under his administration (e.g., research, statistical analysis) or for receiving provincial and/or federal funding.

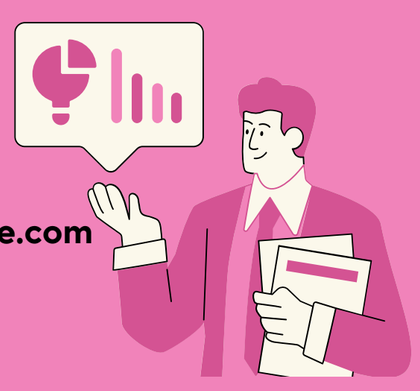
YWCA
LETHBRIDGE
& DISTRICT

APPLICATION STEPS

for YWCA HOPE

01.

Send referral package to hopereferrals@ywcalethbridge.com



02.

Case manager and operations manager receives the referral application and reviews them for initial assessment.



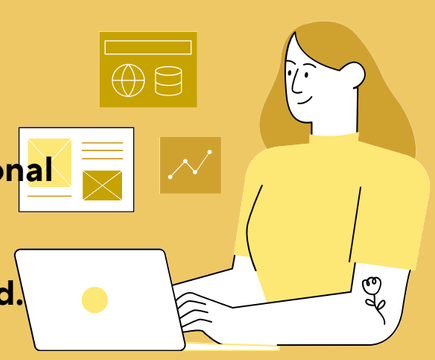
03.

If documents are complete, case manager consults OM's for eligibility review as well as room availability. If they are incomplete, CM requests for missing documents from the applicants.



04.

Pending decision will have a conditional acceptance letter, breakdown of the program fees, and invitation for suitability interview will be scheduled.



05.

CM will conduct suitability interview as well as reinforce communal-living expectations and overview of the program.



06.

CM will consult with OM for application decision. If not successful, CM sends regret letter.



07.

Once decision is made, CM sends acceptance of application alongside rent report for funding process of program fees.

08.

CM confirms the move-in date and prepares to welcome the participant.

YWCA LETHBRIDGE & DISTRICT

YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

YWCA HOPE REFERRAL

Referring Organizations are asked to complete the following form with as much detail as possible.
Information is collected to determine eligibility of placement into the HOPE.
Please email completed forms to: hope@ywcalethbridge.com

Client Details		
Referral Date:	Date of Birth:	
First Name:	Last Name:	
Preferred Name:		
Gender:	Pronouns:	
Referral Source:	Agency Contact Name:	
Agency Contact Email:	Agency Contact Phone Number:	
Are you Pregnant:	Yes	Due Date:
	No	

Have you experienced domestic abuse or violence in the last 12 months?	Yes/No
Are you currently leaving an abusive relationship (partner or family member)?	Yes/No
Is there police involvement?	Yes/No
Are there any protection orders in place? (EPO, NCO etc)	Yes/No
Are Children Services currently involved with your family?	Yes/No
Do you have any legal concerns?	Yes/No
Do you have any upcoming court dates?	Yes/No

Child Full Name	Relationship to Applicant	DOB:	Gender	Resides with Applicant	Parenting Orders in Place

Contact Details		
Primary Phone Number:	Is it safe to leave a message:	Yes/No
Alternative Phone Number:	Is it safe to leave a message:	Yes/No
Email Address:	Is it safe to leave a message:	Yes/No
Preferred Method of Contact:		
Do you require a translator/interpreter		Yes/No
Languages Spoken:		
Address:		

YWCA LETHBRIDGE & DISTRICT

YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

Housing Information	
Living situation at the time of application:	
Are you on housing program wait lists (if so, which ones):	
Have you previously resided at a transitional housing shelter:	Yes/No
Which One (s)?	What Year (s)?
Additional relevant Housing Details:	

Health
Does client have any physical health concerns?
Does client have any cognitive or mental health concerns?
List of medication that are prescribed to the client
Does the client have any concerns with substance use or addictive behaviors?

Child Health
Child Name:
Physical Health Concerns:
Cognitive Health Concerns:
List of medication that are prescribed to the client:
Child Name:
Physical Health Concerns:
Cognitive Health Concerns:
List of medication that are prescribed to the client:
Child Name:
Physical Health Concerns:

Cognitive Health Concerns:
List of medication that are prescribed to the client:

YWCA LETHBRIDGE & DISTRICT

YWCA Lethbridge & District
604 8th Street South
Lethbridge, AB T1J 2K1
P 403-329-0088 | F 403-327-9112

Current Income	
Alberta Works	$
AISH	$
Child Tax Benefit	$
Spousal Support	$
Employment	$
Old Age Security	$
Pension	$
Other (please Specify	$

Vehicle
Make:
Model

Are there any other details that are relevant to this referral?

Please provide copy of Danager Assessment if applicable (not required)

For Office Use only
Date:
Notes:

Signature:_____ Date:_____

Alberta

Consent to Third Party Payment

Protected B (when completed)

◯ Income Support ◯ Assured Income for the Severely Handicapped

The personal information you provide on this form is collected under the authority of the *Assured Income for the Severely Handicapped Act* and Assured Income for the Severely Handicapped General Regulation and is managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information is collected for the sole purpose of allowing AISH to pay a third party on your behalf. If you have any questions in regard to the collection of this information, please contact your AISH worker.

Section 6 of the AISH Act allows AISH to pay a third party directly on your behalf. A third party payment can be used to pay a vendor for an approved personal benefit or to redirect a portion of your AISH allowance to a specific person/organization (e.g. rent payment). A third party payment can be made one time or as an ongoing payment. You can withdraw this consent at any time by doing so in writing. Please return the completed form to your AISH worker.

Consent

Effective _____ (yyyy-mm-dd) I, _____ (Client's Name)

of _____ (Street Address) of _____ (City/Town), Alberta _____ (Postal Code)

consent to a third party payment for _____ (Reason for Third Party Payment)

to _____ (Payee or Third Party) in the amount of $ _____.

I authorize Alberta Seniors, Community and Social Services to provide this payment from my

☐

until _____ (Third Party Consent Expiry Date (month, day, year) (maximum 5 years))

Payee or Third Party Information

_____ (Street Address) _____ (City/Town) _____ (Province) _____ (Postal Code)

_____ (Customer's Account Number (if applicable e.g. account number assigned by utility company))

_____ (Date yyyy-mm-dd) _____ (Client Signature)