



Expression of Interest Form

This form acts as a first step in the University Avenue (UA) transitional program application process. Caseworkers are asked to complete this form alongside the applicant, being as transparent and honest as possible. Once eligibility is determined, SHIP will reach out to caseworkers to inform them whether or not the applicant will move forward in the application process. Clients who are deemed not eligible are encouraged to re-apply if their circumstances change.

First and last name	
Age	
Gender identity	
Race	
How many months, in the last 5 years, have you been experiencing homelessness?	
Do you identify as 2SLGBTQIA+?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have any accessibility needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to participate in programming on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to connect with your caseworker on a regular basis to ensure you are reaching your goals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware that this is a transitional program, and the end goal is to find and obtain independent housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed a full SPDAT within the past 6 months, which has been uploaded to HIFIS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If full SPDAT has not been completed in the past 6 months, please have one completed with your caseworker and uploaded to HIFIS*

- By checking this box, you are granting SHIP permission to obtain information from HIFIS
- By checking this box, you are granting SHIP permission to upload your information to SHIP’s client record management system

Applicant signature: _____

Date: _____

Caseworkers: please describe the applicant’s current goals and level of motivation, how long you have been supporting the applicant, as well as any other community supports the applicant currently has.

Caseworker full name: _____

Caseworker’s email/phone number: _____

** Please submit this form to UAIntake@shipshey.ca by September 27th, 2024**



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