

# Rights of Passage Program Application Form

Name of Appicant:	
CHV Shelter Resident:	Yes / No

Thank you for attending the Orientation session and for choosing to take this step in your journey towards independence! Following is an explanation of how the application process works and attached is the application form we need you to complete to start the process.

# **Application**

- -Complete the attached application along with a letter stating why you think you would be a good candidate for the ROP program and how it will help you to achieve your goals.
- -If you are currently staying in one of our shelters, you will also need to ask a shelter Youth Worker to write a letter of information for you. If you are not staying in one of our shelters, you should provide a letter from atleast one of the references who you list on question #6 of the application.
- -Return the completed application form and letters to the Manager of ROP through Covenant House staff.

### **Interview**

Once your application is received, references checked and readiness determined, you will be referred to the ROP Manager for an interview. This is an opportunity for you to describe your goals and to ask questions about the program.

#### **Assessments**

As part of the application process you will complete a SASSI assessment. After the SASSI has been completed, you will meet with Sister Nancy Brown for review and recommendation.

## **Evaluation**

After all assessments are complete, the Manager of ROP will make a decision regarding your acceptance and you will be notified of the decision. If a decision is made to accept you into the ROP program, a transition meeting will be scheduled.

If you have any questions along the way, or if your circumstances change, please don't hesitate to contact a staff member at ROP at 604.647.4480. Good Luck!

# **Application for Rights of Passage**

Please complete this form honestly and to the best of your ability. If you are unsure about a question, make your best effort at answering.

ame:	Da	te of Birth	Age:
ddress:		Posta	al Code:
elephone: _	Msg #:	Email: _	
ender:	() Male () Female () Transg	gender	
1. What	is your current housing situation?		
a. b. c.	our currently working? Y / N  If so, where?  How long have you worked there?  # of hours per week:  \$ per hour:		-
3. If you	are not working, what is your monthly in	ncome source?	
a. b.	ou currently in school or attending job tra  If so where? When did it start? When does it finish?		
Agend	ou involved with any service agencies in cy:	Contact:	lease list:
<i>Memb</i> your a	e list 2 personal references (Social Worker per / Employer), who are familiar with your application for the Rights of Passage progrence listed below.	ur current situation a	nd would support
Name: _	Relation to you:	P	none:
Name: _	Relation to you:	P	none:



Covenant House Vancouver 575 Drake Street Vancouver, BC V6B 4K8 Tel: 604-647-4480 Fax: 604-647-4484 www.covenanthousebc.org

# PRIVACY COMMITMENT TO CLIENTS OF CHV

Please read the following information carefully before signing. If you have any questions or concerns about this information we encourage you to ask the staff person that is conducting your orientation/interview, you may also ask to speak with our Privacy Officer.

The personal information we collect from you on this application is for the purpose of evaluating your eligibility for admission to the Rights of Passage program and assessing the level of services required.

Covenant House Vancouver respects and protects your privacy. Our commitment to you is that at no time will we unnecessarily share any information with outside parties that could put your privacy at risk.

If you wish to read our priv www.covenanthousebc.org	cy policy you may request a copy or read it from our web	osite at
•	, have read and understand the preceding state nt House Vancouver to collect and access my personal entioned purposes.	ement
Client Signature	Date	
CHV Staff	Date	

Immediacy | Sanctuary | Value Communication | Structure | Choice

Charitable Registration No. BN 89767 5625 RR0001

Please tell us in your own words why you would like to be part of the Rights of Passage Program. Be specific about the goals you wish to accomplish throughout the program. You may attach additional pages if required/preferred.		