



Kingston Youth Transitions Application for Residency

Please complete the following application and return to:
transitions@kingstonyouthshelter.com
or in person/mail at 234 Brock St, Kingston K7L 1S4

General Information

Name: _____ Date: _____

Date of Birth: _____

Current Address:

Gender: _____

Email Address: _____

Telephone number: _____

What is the best way to contact you? (email or phone): _____

Past Diagnoses, Learning Disability, Allergies or anything else:

Source of Income (OW, ODSP, CAS, Employment,
other): _____

Goals & Aspirations

Education completed: _____

Educational goals:





Employment goals:

What do you feel is stopping your from achieving your goals?

Housing Information

Where are you currently living and with whom:

Why do you want/need to leave there?

Where did you live before this? (if applicable)

Signature

Date

