

About oneROOF Youth Services

oneROOF Youth Services is committed to providing for the safety, support and overall well-being of youth who are experiencing homelessness, and youth who are at-risk of homelessness, aged 12-25, in Waterloo Region.

"one youth on the street is one too many"

oneROOF Youth Services

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Learn More

oneroof.org/shelter-a-youth

Follow Us



The **SAY** Campaign (SHELTER A YOUTH)

DO NOT PRINT



What is SAY?

In order to accomplish our objective of maintaining the health and safety of our youth, we need to provide them with services that meet their core needs: food, safety, and shelter.

Shelter A Youth (SAY) is a campaign with the aim to build community support for our on-site, emergency shelter, which we call "PAR."

What is PAR?

Providing A Roof (PAR) is our on-site, 18 bed, co-ed, emergency shelter for youth aged 16 to 25.

Beds are assigned as available, on a first-come, first-served basis. All youth residing in PAR are assigned a primary worker who assists them in securing appropriate housing. They are encouraged to set both short and long term goals while transitioning out of shelter.

Youth may remain in PAR as long as their individual circumstance requires.

Why Donate?

We offer youth the refuge they need to get out of "survival mode."

No young person can be expected to tackle the issues that lead them to the street on their own, let alone while struggling to find a safe place to sleep.

Unfortunately, emergency services are becoming even more necessary as the homeless population increases. Please help us help our youth by donating to our SAY campaign.

SAY, Did You Know?



HOSPITAL BED
\$10,900/month



PROVINCIAL JAIL
\$4,333/month



SHELTER BED
\$1,932/month

The Real Cost of Homelessness,
Gaetz, Stephen (2012)

How To Give?

Partner With Us To Shelter A Youth

I would like to Shelter A Youth for...

- 1 WEEK (\$504.28) 2 WEEKS (\$1008.56)
 1 MONTH (\$2233.24) ____ DAYS (X\$72.04)

I would like to pay by...

ENCLOSED CHEQUE PAYABLE TO ONEROOF
CHARGE TO MY CARD: Visa Mastercard
Card Holder: _____
Card Number: _____
Expiry Date: _____ Signature: _____

Information for tax receipt:

NAME: _____
ADDRESS: _____
CITY: _____ PROV: _____
POST CODE: _____
EMAIL: _____
PHONE: _____

Thank You!