



# REFERRAL FORM

## ACADIA YOUTH HOUSING STABILIZATION PROGRAM

For information call 250 376-3660

Fax referral to 250 376-3040

|                                   |  |                          |                  |
|-----------------------------------|--|--------------------------|------------------|
| <b>Referral Source:</b>           |  | <b>Referral Date:</b>    |                  |
| <b>Name:</b>                      |  | <b>Gender:</b>           |                  |
| <b>Date of Birth:</b>             |  | <b>Pronoun:</b>          |                  |
| <b>Cultural Background:</b>       |  | <b>Primary Language:</b> |                  |
| <b>Address:</b>                   |  | <b>Home</b>              | <b>Telephone</b> |
|                                   |  | <b>Cell</b>              |                  |
| <b>Postal Code:</b>               |  |                          |                  |
| <b>Current Housing Situation:</b> |  |                          |                  |
|                                   |  |                          |                  |

|                             |                         |                 |
|-----------------------------|-------------------------|-----------------|
| <small>*if under 19</small> | <b>Parents/Guardian</b> | <b>Comments</b> |
|                             |                         |                 |
|                             |                         |                 |

|                              |          |          |                           |                                     |
|------------------------------|----------|----------|---------------------------|-------------------------------------|
| <small>*if under 19</small>  |          |          | <b>Southill MCFD</b>      | <b>Secwepemc Child &amp; Family</b> |
| <b>Social Worker:</b>        |          |          | <b>Battle St MCFD</b>     | <b>Lii Michif</b>                   |
| <b>Phone:</b>                |          |          |                           |                                     |
| <b>Is the youth in care?</b> | <b>Y</b> | <b>N</b> |                           |                                     |
| <b>Legal Status</b>          |          |          |                           | <b>Open YS or FS file?</b>          |
| <b>Source of Income:</b>     |          |          | <b>Monthly Amount:</b>    |                                     |
| <b>Probation Order?</b>      | <b>Y</b> | <b>N</b> | <b>Probation Officer:</b> |                                     |
| <b>No Contact Order?</b>     | <b>Y</b> | <b>N</b> | <b>With Who</b>           |                                     |

| Presenting Needs and Concerns of the Youth |  |                                      |  |                             |  |
|--|--|--------------------------------------|--|-----------------------------|--|
| <b>Safety Issues within the Home</b>       |  | <b>Emotional/Physical Well being</b> |  | <b>Life Skills</b>          |  |
| • neglect                                  |  | • stress                             |  | • school                    |  |
| • violence within the family               |  | • depression                         |  | • employment                |  |
| • abuse (physical, emotional, sexual)      |  | • anxiety                            |  | • budgeting                 |  |
|  |  | • grief and loss                     |  | • basic care                |  |
| <b>Violence</b>                            |  | • trauma                             |  | • food                      |  |
| • victim                                   |  | • mental health                      |  |                             |  |
| • perpetrator                              |  | • suicidal thoughts/actions          |  | <b>Communication Skills</b> |  |
| • witnessed as a child/youth               |  | • self esteem                        |  | • problem solving           |  |
| Is the violence current or historical?     |  | • nutrition                          |  | • communication             |  |
|  |  |                                      |  | • anger                     |  |
| <b>Current Safety Risks</b>                |  | <b>Family Relationships</b>          |  | • conflict                  |  |
| • sexual exploitation                      |  | • establish                          |  |                             |  |
| • addiction                                |  | • strengthen                         |  | <b>Community Resources</b>  |  |
| • street entrenchment                      |  | • maintain                           |  | • knowledge of              |  |
| • criminal activity                        |  |                                      |  | • accessing                 |  |
| <b>Additional Referral Information:</b>    |  |                                      |  |                             |  |

|   |          |          |                              |          |          |
|---|----------|----------|------------------------------|----------|----------|
| <b>VAT Assessment Completed:</b>        | <b>Y</b> | <b>N</b> | <b>Copy of VAT attached:</b> | <b>Y</b> | <b>N</b> |
| <b>Youth's Goals</b>                    |          |          |                              |          |          |
| 1.                                      |          |          |                              |          |          |
| 2.                                      |          |          |                              |          |          |
| 3.                                      |          |          |                              |          |          |
| <b>Current Services Involved:</b>       |          |          |                              |          |          |
| <b>Past Services Involved:</b>          |          |          |                              |          |          |
| <b>Is youth aware of this referral?</b> | <b>Y</b> | <b>N</b> | <b>If no, explain:</b>       |          |          |

**Office use**

|   |
|---|
| <b>Date referral received:</b>                                |
| <b>Date youth put on housing waitlist:</b>                    |
| <b>Discontinued due to refusal of service: Y</b> <b>Date:</b> |
| <b>Reasons:</b>   |
| <b>Alternatives offered:</b>                                  |