



# Interior Community Services

...enriching lives strengthening communities

## ACADIA YOUTH TRANSITIONAL HOUSING REFERRAL PACKAGE

<b>Are you receiving ongoing support from a community agency/service provider?</b>	<input type="checkbox"/> ASK Wellness <input type="checkbox"/> A New Tomorrow <input type="checkbox"/> A Way Home Kamloops <input type="checkbox"/> Axis Child and Family Services <input type="checkbox"/> BC Housing <input type="checkbox"/> BGC Kamloops <input type="checkbox"/> Community Living BC (CLBC) <input type="checkbox"/> Canadian Mental Health Association (CMHA) <input type="checkbox"/> Connective Support Society <input type="checkbox"/> Day One Society (formerly Phoenix) <input type="checkbox"/> Elizabeth Fry Society <input type="checkbox"/> Interior Community Services (ICS) <input type="checkbox"/> Interior Health: <input type="checkbox"/> Lii Michif Otipemisiwak (LMO)	<input type="checkbox"/> Kamloops Aboriginal Friendship Society (KAFS_ <input type="checkbox"/> Kamloops Food Bank <input type="checkbox"/> Kamloops Native Housing <input type="checkbox"/> Y Women's Shelter / Outreach <input type="checkbox"/> Kamloops Sexual Assault Counselling Center (KSACC) <input type="checkbox"/> Ministry of Child + Family Dev (MCFD) <input type="checkbox"/> Ministry of Social Dev + Poverty Reduction <input type="checkbox"/> Mustard Seed <input type="checkbox"/> Secwepemc Child + Family Services (SCFS) <input type="checkbox"/> Urban Native Health Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Other
<b>If yes to the above, what are the names of the supports you're working with?</b>		
<b>What assessments have been completed?</b>	<input type="checkbox"/> YAP Tool Complete <input type="checkbox"/> Vulnerability Assessment Tool (VAT) <input type="checkbox"/> Youth Agreement (MCFD/DAA) <input type="checkbox"/> BCSupportive Housing Registry (SHR)) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	

REFERRING AGENT INFORMATION			
<b>Referring Agent</b>		<b>Date</b>	
<b>Organization/Title</b>	<hr/> <div style="display: flex; justify-content: space-between;"> <span><i>Organization</i></span> <span><i>Title</i></span> </div>		
<b>Phone Number</b>		<b>Email</b>	
<b>How long have you known the applicant?</b>			
<b>What role are you or other identified supports playing in the applicant's case plan?</b>			

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Presenting Needs and Concerns of the Youth					
Safety Issues within Youth's Life (past + present)	Y / N	Emotional/Physical Well being	Y / N	Life Skills	Y / N
neglect		stress		school	
violence within the family		depression		employment	
physical abuse		anxiety		budgeting	
emotional abuse		grief and loss		basic care	
sexual abuse		trauma		food	
coercive control		mental health		<b>Communication Skills</b>	
<b>Violence</b>		suicidal thoughts/actions		problem-solving	
is the violence current or historical?		self-esteem		communication	
youth is victim		nutrition		anger	
youth is perpetrator				conflict	
witnessed as a child/youth					
<b>Current Safety Risks</b>		<b>Family Relationships</b>		<b>Community Resources</b>	
sexual exploitation		establish		knowledge of	
substance use		strengthen		accessing	
street entrenchment		maintain			
criminal activity					
<b>Describe past housing experiences:</b>  <i>This includes successes, challenges and barriers to maintaining housing.</i>					

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<p><b>Describe any past or current formal diagnoses you have received.</b></p> <p><i>This includes medications prescribed.</i></p>	
<p><b>What additional support could this youth benefit from?</b></p>	

<b>Office Use</b>	
Date referral received:	
Date youth put on housing waitlist:	
Discontinued due to : <input type="checkbox"/> Refusal of service <input type="checkbox"/> Screened Out Reasons:  Alternatives offered:	Date: