...enriching lives strengthening communities

ACADIA YOUTH TRANSITIONAL HOUSING REFERRAL PACKAGE

Please fax referral form to 250-376-3040

APPLICANT INFORMATION					
Full Legal Name		Gender	☐ Cis Male ☐ Cis Female ☐ Trans ☐ Non-binary ☐ Other		
Name Used		Pronouns Used	☐ He/Him ☐ She/Her ☐ They/Them☐ Other		
Contact Number		Is it okay to leave messages?	☐ Yes ☐ No ☐ Text Only		
Email Address		Any other way to contact you?			
Date of Birth (DD/MM/YY)		Age			
Current Housing Situation?					
Do you have an MCFD/ DAA social worker?	☐ Yes Social Worker: Contact: ☐ No ☐ MCFD ☐ SCFS ☐ LMO ☐ Other: Legal Status:				
Are you on Probation?	□ Yes Probation Officer: Contact: □ No No Contact Order? □ Yes □ No With who:				
What is your source of income?	☐ Youth Agreement ☐ Agreement with Young Adult ☐ Employment ☐ CLBC ☐ PWD ☐ PPMB ☐ Income Assistance ☐ Employment Insurance ☐ No Income ☐ Other				
Natural Supports Positive, non-professional, community relationships with those that you identify as close to you. Could be family, friends, co-workers, etc.	(List any Natural Supports. Include th	e relationship to applicant a	and contact information if possible)		

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Are you receiving ongoing support from a community agency/service provider?		ASK Wellness A New Tomorrow A Way Home Kamloops Axis Child and Family Services BC Housing BGC Kamloops Community Living BC (CLBC) Canadian Mental Health Association (CMHA) Connective Support Society Day One Society (formerly Phoenix) Elizabeth Fry Society Interior Community Services (I Interior Health: Lii Michif Otipemisiwak (LMO)			Kamloops Food Kamloops Natir Y Women's She Kamloops Sexu Center (KSACC) Ministry of Chil Ministry of Soo Mustard Seed	ve Housing elter / Outreach ial Assault Counsell id + Family Dev (Mi ial Dev + Poverty R iild + Family Service lealth Center	ling CFD) leduction
If yes to the above, what are the names of the supports you're working with?							
What assessments have been completed?		☐ YAP Tool Complete ☐ Vulnerability Assessment Tool (VAT) ☐ Youth Agreement (MCFD/DAA) ☐ BCSupportive Housing Registry (SHR)) ☐ Other ☐ Unknown					
		REFERRING AGEN	IT INFORI	ΜA	TION		
Referring Agent					Date		
Organization/Title		Organization			Title		_
Phone Number			Email				
How long have you known th applicant?	ne						
What role are you or other identified supports playing in the applicant's case plan?	n						

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Safety Issues within		Emotional/Physical		Life Skills	
Youth's Life	Y/N	Well being	Y/N		Y/N
(past + present)					
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		Communication Skills	
Violence		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					
Current Safety Risks		Family Relationships		Community Resources	
sexual exploitation		establish		knowledge of	
substance use		strengthen		accessing	
street entrenchment		maintain			
criminal activity					
Describe past nousing experiences: This includes successes, challenges and barriers to maintaining housing.					

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Describe any past or urrent formal diagnoses ou have received.	
his includes medications rescribed.	
Vhat additional support ouldthis youth benefit rom?	
Office Use	
Date referral received:	
Date youth put on housing v	vaitlist:
Discontinued due to :	Date:
☐ Refusal of service	
☐ Screened Out	
Reasons:	
Alternatives offered:	