

Youth-In-Transition Program Referral Package

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Youth-in-Transition Program – Referral Package

Introduction

The Youth-in-Transition (YIT) Program is designed to support youth in their successful transition out of the child welfare system into adulthood. Participation in the YIT Program is voluntary, though referrals may come from a parent, foster parent, or case worker, the client must be a willing participant.

The referral package consists of three parts; please ensure that all parts are complete and that all information is accurate. It is a good idea for the referral source to go through the forms with the referring client so that all the required information is obtained. Gaps or missing information may slow the intake process for the client.

After a referral is made the YIT Worker will determine whether a client is eligible or ineligible. The YIT Worker will then contact the referral source; if a client is eligible, an intake interview date will be set; if the client is ineligible, the YIT Worker will redirect the package back to the referral source and explain why.

The intake process is a very important element for the YIT Program to be successful; it is at this point the YIT Worker will first meet with the client to begin establishing a relationship. Once the intake interview is complete the YIT Worker will work with the client to create a service plan; it is the role of the YIT Worker to assist the client to identify their strengths and weaknesses, create attainable goals, and establish an action plan.

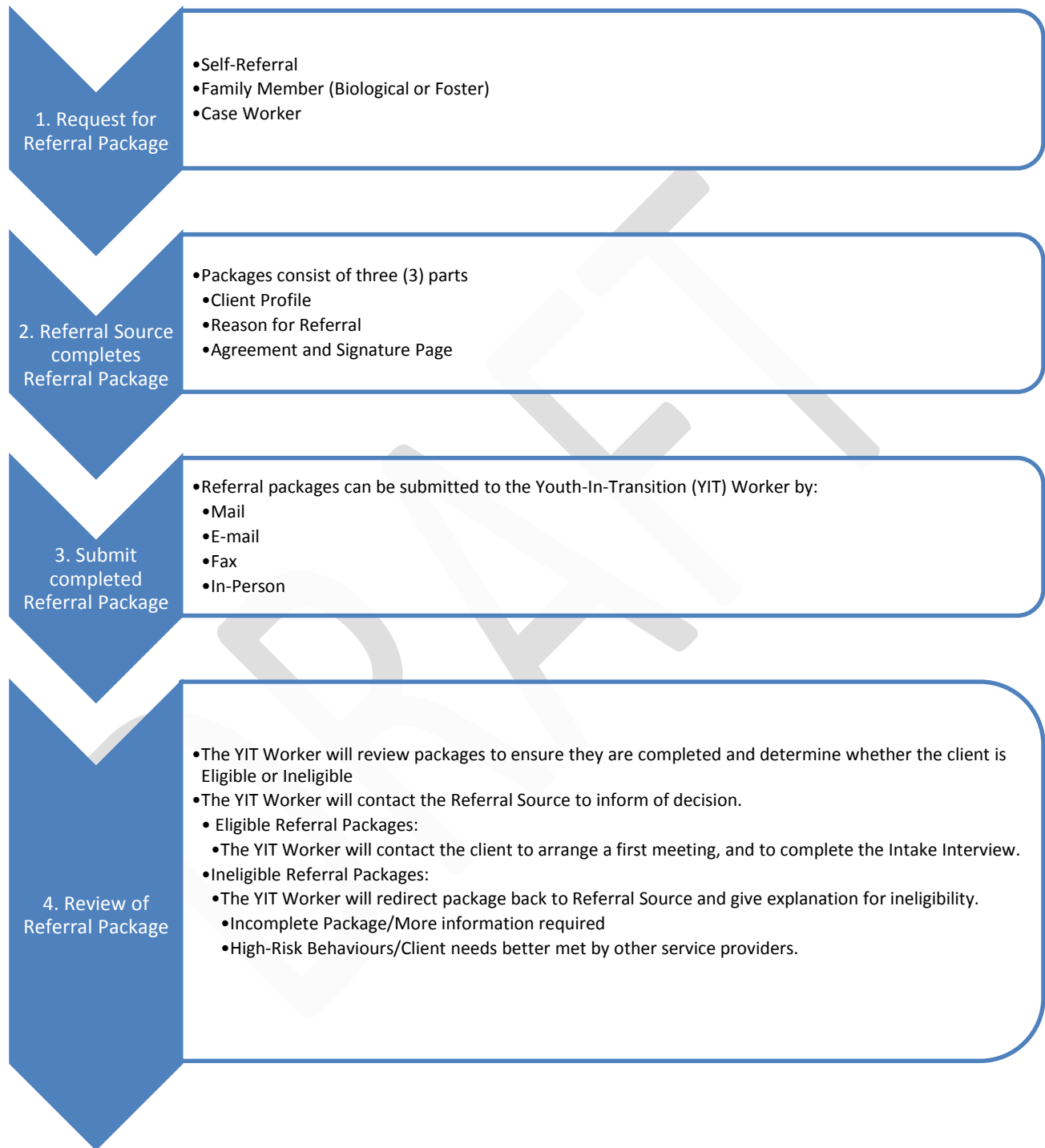
While enrolled in the program, clients are expected to actively participate. The YIT Program is a short-service program; the length of a service plan will not extend past 12 weeks. Service plans will be individualized for each client, and may involve one-to-one, small group, and/or large group sessions.

It is our hope that communities and clients will take advantage of the Youth-in-Transition Program and all that it has to offer. We are confident that with the sincere desire and motivation of our clients and workers we will help ensure the long-term success of our youth as they transition into adulthood.



Youth-in-Transition Program – Referral Package

Referral Process Map



Youth-in-Transition Program – Referral Package

Office Use Only

Referral Number: _____
Referral Received: _____
Referral Reviewed: _____

Part One – Client Profile:

Name: _____
Surname First Middle

Address: _____
Street/Box # Town Province Postal Code

Birthdate: _____ Gender: Male Female
(YYYY/MM/DD)

Band Member: _____ On Reserve: Yes No

Contact Information: _____
Phone Number Email Address

Referral Source:

◇ Self-Referral
◇ Family Member: _____
Name Relationship

◇ Case Worker: _____
Case Worker Name Agency Name
Phone/Fax # Email Address

Emergency Contact Information:

Next-of-Kin: _____ Relationship: _____
Phone: _____

Family Background:

Biological Parents:
Mother: _____
Father: _____

Siblings:



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Support System – Relationships:

- ◇ Family: _____
- ◇ Foster Family: _____
- ◇ Friends: _____
- ◇ Counselor/Elder: _____
- ◇ Spouse/Partner: _____
- ◇ Other: _____

Child Welfare Involvement and History:

Age when client was first brought into care: _____
Reason for child welfare involvement: _____
Reason repatriation was unable to occur: _____

Health Background:

History of:

- ◇ Asthma
- ◇ Diabetes
- ◇ Fainting
- ◇ High Blood Pressure
- ◇ Other: *(significant illnesses that required medication)* _____
- ◇ Anxiety
- ◇ Depression
- ◇ Heart Disease
- ◇ Seizures/Epilepsy

Medications:

Name	Current	Past	Length of Use

Educational Background:

Is Client currently in school? Yes No

If yes:

_____	_____
School and Address	Current Grade

If no:

_____	_____
Last School Attended and Address	Last Grade/Level Completed



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Cultural Background:

Religious/Spiritual Belief System: _____

Does client have Spirit name: Yes No Clan: _____

Does client participate in ceremonies/attend church: Yes No

If yes:

 When did client last participate/attend: _____

What is clients' first language? _____

Does client speak Anishinaabemowin?

Yes Minimal No

Does client understand Anishinaabemowin?

Yes Minimal No

Legal Involvement:

Has the client ever been involved with the legal system? Yes No

If Yes, What type of Involvement: Yes No If Yes, When/Why?

Bail _____

Probation _____

Court Order _____

Pending Charges _____

Risk Issues:

Yes No If Yes, When?

Suicide Attempt/Ideation _____

Deliberate Self-harm _____

Diagnosed Mental Health (MH) Issue _____

MH Issue requiring Hospitalization _____

Behavioral Issues _____

Violent/Aggressive Behavior _____

Alcohol and/or Drug Use _____



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Part Two – Reason for Referral:

Life Skills:

Does client have:

- | | |
|--|--|
| <input type="checkbox"/> Status Card | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Health Card | <input type="checkbox"/> Social Insurance Number |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Bank Account |
| <input type="checkbox"/> Resume/Cover Letter | |

Is client able to:

- | | | | |
|--|------------------------------|-----------------------------------|-----------------------------|
| <input type="checkbox"/> Maintain personal care: <i>(cleanliness, hygiene, proper attire)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| <input type="checkbox"/> Maintain healthy lifestyle: <i>(food preparation, active living and minimal to no alcohol/drug use)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| <input type="checkbox"/> Maintain monthly budget: <i>(able to comparison shop to save money, pay bills, cover living expenses)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| <input type="checkbox"/> Maintain household: <i>(general cleaning and upkeep, basic repairs)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Special Needs:

Does client have any special needs that will require extra support in order to live independently?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes: Has client accessed other agencies or programs to address these needs? ie: CMHA, DSO

Housing:

Has the client secured stable, affordable housing?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Has the client accessed any housing programs? If so, list: (ie: RRDSAB, UNFC)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Education:

Has the client obtained their OSSD?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Does client have desire to further their education?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



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Employment:

Is client presently employed?

Yes

No

Does client have desire to become employed?

Yes

No

Social:

Is client able to identify healthy, positive relationships?

Yes

No

Is client able to identify positive interests/hobbies?

Yes

No

Additional Comments:



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Part Three – Agreement and Signatures

I, **referral source** , certify that the above information is true and accurate and acknowledge that any missing and/or misrepresented information may result in a referral packaged deemed “ineligible.”

Furthermore, I understand that:

1. The YIT Program is a voluntary short-service program, and the success of the program is dependent on the commitment of the Client, the Case Worker, and the YIT Worker.
2. The YIT Worker is a resource and support worker that will assist the Client and Case Worker by providing guidance and linkages to other community resources and supports.
3. The YIT Worker will maintain a client file for data purposes; however, the YIT Worker is NOT a case manager.
4. It is the responsibility of the Client and/or Case Worker to make necessary travel arrangements for appointments, meetings and trainings.

Signatures:

Date:

Referred Client

Referral Source *(If Family Member)*

Case Worker

Program Consultant

Referral Package:

Eligible

Ineligible

Youth-in-Transition Worker

Director of Nanaadawewinan

