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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 youth so that all the required information is obtained. Gaps or missing information may slow the intake process for the youth.

After a referral is made the YIT Worker will determine whether a youth is eligible or ineligible. The YIT Worker will then contact the referral source; if a youth is eligible, an intake interview date will be set; if the youth 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 youth to begin establishing a relationship. Once the intake interview is complete the YIT Worker will work with the youth to create a service plan; it is the role of the YIT Worker to assist the youth to identify their strengths and weaknesses, create attainable goals, and establish an action plan.

While enrolled in the program, the youth are expected to actively participate. Service plans will be individualized for each youth, and may involve one-to-one, small group, and/or large group sessions.

It is our hope that communities and young people 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 youth and workers we will help ensure the long-term success of our young people as they transition into adulthood.



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 Trans Unknown
(YYYY/MM/DD)

First Nation Name and Number: _____ On Reserve: Yes No

Contact Information: _____
Phone Number Email Address

Anishinaabe Spirit Name(if applicable): _____

Clan(if known): _____

What is youth's first language?

Anishinaabemowin English Other _____

Referral Source:

Self-Referral Worker Family Member Other _____

Referral Source Name Organization

Phone/Fax # Email Address

Type of Care Agreement:

Customary Care CCSY Voluntary Care Agreement Extended Society Care

Worker's Name, Place of Employment, Phone Number, Email Address _____

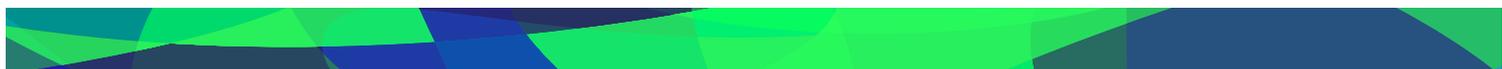
Emergency Contact Information:

Name of Caregiver or Next of Kin: _____

Phone: _____

Support Systems:

Family Foster Family Counsellor/Elder Spouse/Partner





Health Background:

History of:

- Asthma Allergic: food or EpiPen needed Diabetes Fainting Heart Disease High Blood Pressure
- Other: *(significant illnesses that required medication)* _____

Educational Background:

Is Youth currently in school? Yes No

If yes: _____

School and Address	Current Grade
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If no: _____

Last School Attended and Address	Last Grade/Level Completed
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Income:

Do you have a bank account? Yes No Does youth have a bank card? Yes No

Sources of Income:

CCSY Yes No

Ontario Works Yes No

ODSP Yes No

School funding Yes No

OSAP Yes No

Is the youth presently employed? Yes No

Employer: _____
Name

Total monthly income: _____

Current Plan for Leaving Care: _____

Are there risk factors that the Youth in Transition Worker should be aware of? _____





PART TWO - REASON FOR REFERRAL:

What do you hope to learn by participating in the Youth in Transition Program? _____

Does youth have:

Status Card Driver's License Health Card Social Insurance Number Passport Birth Certificate

Special Needs:

Does youth have any special needs that will require extra support in order to live independently? Yes No
If yes: Has youth accessed other agencies or programs to address these needs? i.e. CMHA, DSO, Ontario Works _____

Education:

Level of education completed: 9 10 11 12 GED College University
Does client have desire to further their education? Yes No

What are your strengths? What areas you would like to improve?

Three Goals to focus on in transitioning to independence (to be used for Service Plan):

1. _____

2. _____

3. _____





PART THREE - AGREEMENT AND SIGNATURES:

I, _____, certify that the above information is true and accurate

Furthermore, I understand that:

- 1. The YIT Program is a voluntary program, and the success of the program is dependent on the commitment of the Youth, the YIT Worker, and the referral source.
- 2. The YIT Worker is a resource and support worker that will assist the Youth and the Worker by providing guidance and linkages to other community resources and supports.
- 3. The YIT Worker will maintain a client file; however, the case management responsibilities remain with the Community Care Program.
- 4. It is the responsibility of the Youth and/or Youth Worker to make necessary travel arrangements for appointments, meetings and trainings.

Youth Signature Date

Referral Source/Guardian Signature Date

Youth Worker Date

Referral Package:

Internal Decision:

- Eligible
- Ineligible
- Accepted

Youth In Transition Worker Date

Clinical Team Leader Date

