



# Referral for Shelter

Referral is between the ages of 16-20. Client is able to stay for 30 days.

Stay is voluntary and no medication management is provided.

**NAME:** \_\_\_\_\_ **M / F**

**TODAY'S DATE:** \_\_\_\_\_

**LAST ADDRESS:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

(WITH ZIP CODE) \_\_\_\_\_

**RACE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ETHNICITY:** Hispanic or Non-Hispanic  
(please circle one)

**WHO IS/WAS YOUTH LAST RESIDING WITH:**

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WHO IS MAKING THE REFERRAL:**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Phone # of Agency:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**REASON FOR HOMELESSNESS:** \_\_\_\_\_

**Is this youth currently involved with:**     **DSS/CPS**                       **Probation**                       **Safe Harbour**

Name of worker & contact number: \_\_\_\_\_

**BACKGROUND HISTORY:**

**DOES THE CLIENT HAVE A MENTAL HEALTH DIAGNOSES?**                       **Yes**                       **No**  
If yes, please list diagnoses: \_\_\_\_\_

**IS CLIENT ON ANY MEDICATION?**                       **Yes**                       **No**  
If yes, please list medications: \_\_\_\_\_

**DOES CLIENT HAVE A CRIMINAL HISTORY?**                       **Yes**                       **No**  
If yes, please list charges and explain: \_\_\_\_\_

**IS CLIENT A SEX OFFENDER?**                       **Yes**                       **No**

**DOES CLIENT HAVE ANY SUBSTANCE ABUSE HISTORY?**                       **Yes**                       **No**  
If yes, please list drug(s) of choice and explain: \_\_\_\_\_

Discharge plan for 16- & 17-year-old: \_\_\_\_\_