



47 Dundas Street East
 Napanee, ON K7R 1H7
 Telephone: 613-354-0808, ext. 104
 Fax: 613-354-7311
 Website: www.intervalhousenapanee.ca
 Email: housingmanager@kingston.net

Youth in Transition Housing Program

REFERRAL FORM

Section 1: Referral Source Information	
Date of Referral:	
Referral Agency:	
Contact Person:	
Contact Information:	Telephone:
	Cell:
	Email:
Reason for Referral: (Please check all applicable)	<ul style="list-style-type: none"> <input type="radio"/> Family or natural supports are weak or absent <input type="radio"/> Vulnerable to being trafficked <input type="radio"/> Personal safety at risk <input type="radio"/> Experiencing serious mental health and /or addiction issues <input type="radio"/> Disabling conditions that affect decision making and judgement, such as FASD, brain injury, or a developmental delay (diagnosed or undiagnosed) <input type="radio"/> Experienced high levels of adverse and traumatic experiences <input type="radio"/> Released from institutional care without a plan, housing or supports <input type="radio"/> Pregnant or have children <input type="radio"/> Their young age (18 and under)
Essential to the program is the continued engagement of the referral agency in the supports and services chosen by the youth. We are taking as close to a HF4Y approach as possible to ensure the program considers all facets of well being to promote positive youth development.	
Length of time youth has been engaged in services with your agency?	
Please provide a brief overview of the services and supports the youth is currently engaging through your agency:	



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Section 1: Referral Source Information
Are there any other services and supports the youth is currently engaging in, or been referred to, with other agencies?
The referral agency's continued involvement with the youth is pivotal to their success. How do you see your agency continuing to support the youth through their involvement in the Youth in Transition Housing Program?

Section 2: Youth Information				
First Name:			Last Name:	
Preferred Name:			Preferred Pronoun:	
DOB (MM/DD/YYYY):			Age:	
Current Housing Status:	Housed	Precariously Housed	Homeless	Other
Current Residential Address:				
Current Mailing Address:				
Contact Information	Cell/Telephone:			
	Email:			



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Section 2: Youth Information		Please circle the appropriate answers.	
What is the best way to reach you?	Cell/Telephone	Email	
Is it safe to leave a message?	Yes	No	
Source of Income:			
Full Time Employment	Part Time Employment	Ontario Student Assistance	
Ontario Works	Ontario Disability Support	Continued Care and Support for Youth	
Other: _____			
Do you have a child(ren):	Yes	No	
Does your child(ren) live with you full or part time?	Yes	No	
If no, do you have access visits?	Yes	No	
If yes, are they supervised or unsupervised?	Yes	No	

Please email the completed form, along with the signed consent form, to the following:
housingmanager@kingston.net

If you have any questions regarding this form please do not hesitate to contact:

Jen Crosby, Housing Services Manager
 Lennox and Addington Interval House
 Tel: 613-354-0808, ext. 104
 Email: housingmanager@kingston.net



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Youth in Transition Housing Program

CONSENT FORM

I hereby give permission to Lennox and Addington Interval House to:

- obtain from _____

- release to _____

the following information:

for the purpose(s) of:

Dated the _____ day of _____, 20_____

(This consent is valid for one year from signing date, unless revoked)

Youth Name (please print clearly)

Youth Signature

Witness Name (please print clearly)

Witness Signature