Dear Applicant,

The following agencies are members of the Next Steps Collaborative: Abode Services, Bay Area Youth Center, Beyond Emancipation, First Place for Youth, and Fred Finch Youth Center – Rising Oaks. If you are interested in THP+FC or THP+ housing with these agencies, please complete the attached referral form and submit it to one of the participating agencies. Referral forms can be submitted to:

**Abode Services – Project Independence**
1147 A Street
Hayward, CA 94542
Ph: (510) 270-1190
Fax: (510) 538-5215

**Bay Area Youth Center**
22245 Main Street, Suite 200
Hayward, CA 94541
Ph: (510) 727-9401 x108
Fax: (510) 727-9405

**Beyond Emancipation**
675 Hegenberger Road, Suite 100
Oakland, CA 94621
Ph: (510) 667-7694
Fax: (510) 667-7639

**First Place for Youth**
1601 Telegraph Avenue
Oakland, CA 94612
Ph: (510) 830-3630
Fax: (510) 830-3629

**Fred Finch Youth Center – Rising Oaks**
3840 Coolidge Ave. #112
Oakland, CA 94602
Ph: (510) 485-5361
Fax: (510) 530-2047

Your referral will be reviewed by the collaborative to identify the program that will best meet your needs. The housing agency that you are referred to will then follow up with you to discuss next steps. Please contact one of the agencies above with any questions you may have.

Please note that completing this referral form does not guarantee placement with these agencies.

Thank you!
Next Steps Collaborative
Common Referral Form

Today's Date: _____/_____/_____
Walk-in: ___ Phone: ___

Intake Staff: ______________________________________ Intake Agency: BE First Place Abode BAYC Fred Finch

Program applying for: THP+___ THP+FC___

GENERAL INFORMATION

Name: ___________________________________________ DOB: __________________ Age: _____ Over 17½: yes ___ no___

Street Address: __________________________________ City: __________________ State: ___ Zip: _________________

SSN: __________________ Home phone: __________________ Cell phone: __________________

Email Address: __________________ Referral Source: __________________

Are you currently pregnant OR soon to be fathering a new child that you will have custody of? yes ___ no___ unknown___

Do you have children? yes___ no___ If yes, how many are living with you? ___

Are you currently in foster care or in an out-of-home placement? yes ___ no___

If yes, what is your current placement? Group Home___ THP___ Foster Home___ SILP___ Other___

If no, what was your emancipation date: _____/_____/_____

Are you currently on probation? yes ___ no___ Were you previously on probation? yes ___ no___

Name of current/last social worker: ___________________________ Phone: ______________ County: _____________

Name of current/last probation officer: ___________________________ Phone: ______________ County: _____________

EDUCATION & EMPLOYMENT

Have you obtained any of the following? Certificate of Completion___ GED___ High School Diploma___

What best describes your current education status?
___ Never attended high school
___ Dropped out of high school and not currently attending school
___ Attending high school or GED program
___ Received certificate of completion and not currently attending school
___ Received high school diploma/GED and not currently attending school
___ Attending vocational training school
___ Attending community college
___ Attending four year university
___ Obtained associates degree (AA) or technical degree and not currently attending school
___ Obtained bachelor’s degree
___ Other – Specify ______________________________________
If not enrolled in school, are you interested in enrolling in school? yes___ no___

Do you currently or did you previously have an IEP? yes___ no___

If enrolled in school, what school? ____________________________________________

What best describes your current employment status?
____Employed Part-Time
____Employed Full-Time
   Current Employer: __________________________________________________________
   Position: _________________________________________________________________
____Not employed but actively seeking employment
____Not employed and not actively seeking employment

If employed, what is your total income from employment in the last month? $________

What is your primary source of income? ____________________________
Total monthly income from all sources: $________

WELLNESS

Which of the following describes your general emotional state? (More than one is OK)
Stable___ Happy___ Sad___ Confused___ A little depressed___ Very depressed___ Unstable___ None of them___

Staff: Describe participant affect: __________________________________________________________________________

Have you ever had a mental health diagnosis? yes___ no___ unknown___

If yes, please specify: ______________________________________________________________________________________

Do you currently have a therapist? yes___ no___ If yes, Name: __________________________ Phone: __________________________
   We will not contact your therapist without your permission.

Do you currently have a psychiatrist? yes___ no___ If yes, Name: __________________________ Phone: __________________________
   We will not contact your psychiatrist without your permission.

Do you receive SSI/SSDI: yes___ no___ If yes, what do you receive SSI/SSDI for? __________________________

Please list all prescription medication that you take.

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<thead>
<tr>
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<th>Reason/ Purpose</th>
<th>Length</th>
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</thead>
<tbody>
<tr>
<td>Physical Health</td>
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Have you been hospitalized in the last two (2) years? yes___ no___

Please explain why ____________________________________________

____________________________________________________________________________________________________________

Have you ever been in a treatment program for substance abuse? yes___ no___

If yes, name of program and length of stay ________________________________________________________________

Is your kinship/family network...: Very supportive___ Supportive___ Not supportive___ No contact___

Is your social network...: Very supportive___ Supportive___ Not supportive___ No contact___

Have you been convicted of a violent felony as an adult? yes___ no___

Do you have health insurance? No___ Yes, MediCal___ Yes, other health insurance___ >> Specify insurer____________________________

If insured >> MediCal #_____________________ MediCal Issue Date:__________________ Other Insurance ID #____________________________

LOCATION & HOUSING

What Bay Area city or neighborhood best describes the location of the following people or things?
Your job: ________________________________________________________________
Your school: _____________________________________________________________
Your kinship/family network: ______________________________________________
Your social network: ______________________________________________________
Where in Alameda County do you want to live: __________________________________

Do you feel you have safe and stable housing? yes___ no___ If no, do you need emergency shelter? yes___ no___

What best describes your current living situation?
____ Foster care or out of home placement >> Specify:____________________________
____ Renting own or shared housing (paying rent)
____ Living with relative or other person in stable housing (rent free)
____ College dorm
____ THP-Plus program >> Specify:___________________________________________
____ Other supportive transitional housing program >> Specify:_____________________  
____ Motel or hotel
____ Other unstable housing situation (couch surfing with relatives, friends, or other people)
____ Emergency shelter, homeless or other unstable housing (street, car, etc.)
____ Institutionalized (just exited hospital, jail, mental health facility with no place to go) >> Specify:________________________

Do you require reasonable housing accommodation due to a disability? yes___ no___
If yes, please complete a reasonable accommodation request form.

If you were to be placed into one of our housing programs, what type of housing do you think you would prefer? Please rank
from first choice to last choice:
____ Individual or shared apartment at scattered sites
____ Host home with a permanent adult
____ Community/single-site housing (also known as staffed housing)

If interested in host housing, do you have a permanent adult that you can live with? yes___ no___ unknown___ n/a___

Name______________________________________________________________
Address__________________________________________________________________________________________
Phone ___________________________________________________________________________________________

Updated: August 2013
## ASSISTANCE

**What can we help you with?** Housing___  Employment___  Education___  Other___  >> Specify:__________________________

**What are your educational goals and how do you think our program could help you achieve them?**

**What are your employment goals and how do you think our program could help you achieve them?**

**How would you describe yourself?**

**What are your greatest strengths that would help you be successful in our program?**

**What are some things that are getting in the way of your goals and/or challenges?**

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Have you ever been housed by a THP+ program or transitional housing program, such as First Place for Youth, Beyond Emancipation, Project Independence/Abode Services (TRI City Homeless Coalition), or Bay Area Youth Centers (RAFA)?

**yes**  **no**

If yes, which one(s) and for how long? Agency(ies): ____________________________________________  # of Months: ______

Have you applied to other housing programs? **yes**  **no**  If yes, which program(s)? ________________________________

**APPLICANT SIGNATURE:** ____________________________________________  **DATE:** ____________________________

Phone Intake taken by ____________________________________________

**Staff: Is participant THP+FC Eligible?**  **yes**  **no**  **pending**  If yes, eligibility confirmed by: ________________________________

**Staff: Is participant THP+ Eligible?**  **yes**  **no**  **pending**  If yes, eligibility confirmed by: ________________________________
MULTI-AGENCY CONSENT TO RELEASE AND EXCHANGE INFORMATION WITHIN THE NEXT STEPS COLLABORATIVE

To be completed in the presence of the client. Please print.

I, _____________________________________________ (print name), __________/________/_________ (date of birth), hereby authorize the following organization(s)/individual(s) initialed below:

<table>
<thead>
<tr>
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<th>Initials</th>
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to communicate with, to disclose to one another and/or to exchange information within The Next Steps Collaborative about ______________________________________________________ (name). The information to be released shall be relevant as necessary to formulate an integrated case plan and/or to deliver services to the client. Information will be shared exclusively on a need-to-know basis. The information that is shared may include periodic summary reports. I hereby authorize the following information to be released to or obtained by the agencies listed above. Please initial relevant categories.

<table>
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<tr>
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<tr>
<td>Medical Evaluation and Treatments</td>
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<tr>
<td>Social History</td>
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<tr>
<td>Education and Evaluation Services</td>
<td></td>
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<tr>
<td>Case Plan Service Needs</td>
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<tr>
<td>Other (please specify):</td>
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</tbody>
</table>

The information that is released or obtained is confidential and protected from disclosure. Services can not be withheld because of a lack of signed consent to release confidential information. This release will be valid for twenty-four (24) months from the date signed unless it is revoked sooner. The authorization given herein may be terminated at any time except to the extent that action has been taken in reliance on it. To revoke consent, the client must submit a written request to revoke authorization to a Next Steps Collaborative agency. In any event the consent will automatically expire on ________________ (date - no longer than twenty-four months). A copy of this form will be distributed to all agencies that are approved by the client.

Client Signature (required) ___________________________ Date __________

I understand that I am entitled to receive and have received a copy of this signed form after it was completed. ______________ (client initials).