



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.

Medication Name	Reason/ Purpose	Length
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going

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 \_\_\_\_\_

**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?**

**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:

Next Steps Collaborative Organizations	Initials
Beyond Emancipation	
First Place for Youth	
Abode Services	
Bay Area Youth Center	
Fred Finch Youth Center	

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.*

Category	Initials	Category	Initials
<i>Mental Health/Alcohol and Drug Services</i> (assessment, treatment participation and progress, drug test results and psychotropic medications)		<i>Domestic Violence Services</i> (participation in program, safety concerns, change of circumstances regarding risk to family)	
<i>Medical Evaluation and Treatments</i> (including current medications)		<i>Job Training and Employment Participation</i> (existing limitations to employment, training & attendance)	
<i>Social History</i> (family history, cultural practices, past employment, CWS & probation history with placements, program history, and domestic violence history)		<i>Education and Evaluation Services</i> (learning disabilities, developmental history, school performance and attendance)	
<i>Case Plan Service Needs</i> (for example: independent living skills, housing, Common Intake Form information, etc...)		<i>Delinquency &amp; Criminal Justice History</i>	
<i>Other (please specify):</i>			

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** \_\_\_\_\_  
*signature*

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