
YOUTH HOMELESSNESS SERVICES REFERRAL PACKAGE

Please read and review with client before completing the Youth Homelessness Services Referral Package

Who are the Youth Homelessness Services for? The Youth Homelessness Services Referral Package is for young people aged 16-24 who are experiencing homelessness or at-risk of homelessness. Included programs are Housing First for Youth (HF4Y), Rapid Rehousing, Scattered Sites and Transitional Housing. The Youth Coordinated Access Table (Y-CAT) collectively sets the prioritization requirements for each program, and will select young people into the programs accordingly. For more information on the different youth housing programs, please visit: <http://cmhakelowna.com/housing-homelessness-services/>

Please note that due to limited spots in each program, ***not all referrals will be accepted.***

The referral process: Fill out the referral form to the best of your ability. The Youth Assessment & Prioritization Pre-Screen (YAPPS) is attached to this package, and is a mandatory component for referral into any included programs. Please refer to the YAP Tool Manual and YAP Pre-Screen Guide for assistance in completing the YAPPS. The referral package will be brought to the Y-CAT comprised of Kelowna-based youth service providers who will decide which young people will enter the program based on a prioritization process. If an applicant is not immediately approved for the program, the Y-CAT will seek other ways to support the young person. For more information on the Y-CAT, please refer to the Terms of Reference.

Important: If this referral package is for a person under the age of 19, ensure that MCFD has been notified. The Y-CAT has an obligation to contact MCFD when an underage youth is exploring enrolment into any housing programs.

Submit the Youth Homelessness Services Referral Form to:

Attn: Foundry Kelowna

By email: foundry@cmhakelowna.org

In person or mail: 504 Sutherland Ave., Kelowna, B.C., V1Y 5X1

By fax: 250-763-4827

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APPLICANT INFORMATION			
Full Legal Name			
Preferred Name		Preferred Pronoun	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other _____
Contact Number		Is it okay to leave messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Text Only
Email Address		Any other way to contact you?	
Date of Birth (DD/MM/YY)		Age	
What type of housing support are you looking for? Check all that apply	<input type="checkbox"/> Housing First for Youth (HF4Y) <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Scattered Site <input type="checkbox"/> Independent Living <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Other: _____		
Do you have an MCFD social worker?	<input type="checkbox"/> Yes Social Worker name: _____ Contact: _____ <input type="checkbox"/> No <input type="checkbox"/> Independent Living (MCFD) <input type="checkbox"/> Other: _____		
Are you receiving MCFD services?	<input type="checkbox"/> Yes: What are those services? _____ <input type="checkbox"/> No		
Family Status	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family (total number _____)		
What is your source of income?	<input type="checkbox"/> Youth Agreement <input type="checkbox"/> Agreement with Young Adult <input type="checkbox"/> Employment <input type="checkbox"/> CLBC <input type="checkbox"/> PWD <input type="checkbox"/> PPMB <input type="checkbox"/> Income Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> No Income <input type="checkbox"/> Other _____		
Natural Supports Positive, non-professional, community relationships with those that you identify as close to you. Could be family, friends, co-workers, etc.	(List any Natural Supports. Include the relationship to applicant and contact information if possible)		

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Are you receiving ongoing support from a community agency/service provider?	<input type="checkbox"/> AG House <input type="checkbox"/> ARC Programs <input type="checkbox"/> BrainTrust Canada Association <input type="checkbox"/> Brown Road Interim Housing <input type="checkbox"/> The Bridge Youth & Family Services <input type="checkbox"/> Cold Weather Mat Program <input type="checkbox"/> Cornerstone <input type="checkbox"/> CLBC <input type="checkbox"/> Elizabeth Fry Society <input type="checkbox"/> Foundry <input type="checkbox"/> Freedom's Door	<input type="checkbox"/> Interior Health <input type="checkbox"/> John Howard Society Okanagan & Kootenay <input type="checkbox"/> Karis Support Society <input type="checkbox"/> Kelowna Community Resources <input type="checkbox"/> Kelowna Family Centre <input type="checkbox"/> Kelowna's Gospel Mission <input type="checkbox"/> Kelowna Women's Shelter <input type="checkbox"/> Ki-Low-Na Friendship Society <input type="checkbox"/> Living Positive Resource Centre <input type="checkbox"/> MCFD	<input type="checkbox"/> NOW Canada <input type="checkbox"/> Nurse Family Partnership <input type="checkbox"/> Okanagan Boys and Girls Clubs <input type="checkbox"/> Outreach Urban Health Centre <input type="checkbox"/> PIERS <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Salvation Army <input type="checkbox"/> RCMP Victim Services <input type="checkbox"/> Wellness Development Centre (CMHA) <input type="checkbox"/> Other _____
	If yes to the above, what are the names of the supports you're working with?		
What assessments have been completed?	<input type="checkbox"/> YAP Tool Complete <input type="checkbox"/> Vulnerability Assessment Tool (VAT) <input type="checkbox"/> Youth Agreement (MCFD) <input type="checkbox"/> BC Supportive Housing Registry (SHR) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

REFERRING AGENT INFORMATION			
Referring Agent			Date
Organization/Title	<div> <div>Organization</div> <div>Title</div> </div>		
Phone Number		Email	
How long have you known the applicant?		Is Agent YAP Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What role are you or other identified supports playing in the applicant's case plan?			

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What additional support could this youth benefit from?	
Describe any attempts at diversion <i>This includes seeking out options other than homelessness or shelters for the applicant. This could include exploring if they can stay with family, friends, co-workers, etc.</i>	

CONSENT TO RELEASE / OBTAIN INFORMATION

I, (APPLICANT NAME, PLEASE PRINT) _____ HEREBY AUTHORIZE A WAY HOME KELOWNA AND THE YOUTH COORDINATED ACCESS TABLE TO **OBTAIN AND/OR RELEASE INFORMATION** THEY DEEM NECESSARY REGARDING MYSELF FROM OR TO ANY PERSON, FIRM, CORPORATION, OR SOCIETY REQUIRED IN ORDER **TO ASSIST AND SUPPORT ME** WHILE I AM RECEIVING SERVICES FROM THESE ORGANIZATIONS.

I HEREBY RELEASE A WAY HOME KELOWNA AND ITS STAFF AND PARTNERS FROM ALL MANNER OF LIABILITY, CLAIM OR DEMAND I MAY OR WILL HAVE AS A RESULT OF THEIR OBTAINING AND/OR RELEASING INFORMATION.

AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE YEAR

APPLICANT SIGNATURE		DATE	
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YOUTH ASSESSMENT & PRIORITIZATION PRE-SCREEN (YAPPS) GUIDE

Please read and review with client before completing the YAP Pre-Screen

Purpose:

The YAP Pre-Screen (YAPPS) is an initial assessment of youth who are homeless or at-risk of homelessness. It serves the purpose of making an initial determination of what level of services and supports would be most appropriate for that youth.

For the purpose of the Y-CAT, the YAPPS will help the table prioritize young people for the best housing program available.

Before you get started:

When conducting the YAPPS with a young person, ensure a comfortable setting. Explain to the young person that the survey will take approximately 10-15 minutes, and there may be some questions that feel a little intrusive or challenging to answer. They have the option to take a break or decline to answer any of the questions. The more honest information they provide, the better we will be able to collaborate on a plan to help the young person.

Note to the assessor:

Be as specific as possible when recording information into the YAPPS. Some of the questions give limited options to select from, so use the comment boxes provided to elaborate and provide detailed information. After the referral package has been sent to CMHA Kelowna, the YAPPS will be scored and shared with the Kelowna Youth Community Table.

Please refer to the Youth Assessment & Prioritization (YAP) Manual for detailed instructions on completing the YAPPS.

Definitions:

IDK – I don't know

RtA – Refuse to answer

Mental Health & Trauma Screener:

Please note that questions #23 and #24, the Mental Health and Trauma portion of the screener, are optional.

YAP Pre-Screen (YAPPS)

Paper Version

Demographics

Date Started: _____ Date Completed: _____

Participant Name		Date of Birth	
Newcomer to Canada	Yes(LB) Yes(NoLB) No RtA	Where From	

Circle Appropriate Response

Complete by Filling in Space

Data Base Search	Yes No N/A	Prior/Other Supports	
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Circle Appropriate Response

What gender do you identify with?	CIS Gender Other than CIS RtA	Do you identify as a person of color?	Yes No IDK RtA	Do you have Indigenous Ancestry	Yes No I Don't Know RtA
Do you identify with the LGBTQ2S Community?			Yes No IDK RtA		

Core Pre-Screen Questions

Circle Appropriate Response

1	What is the primary thing you are looking for help with?	Housing Income Employment Substance Use Mental Health Fleeing/Exploitation Other	1b	Do you want/need any help with housing?	Yes No I don't know
2	Do you have a permanent place to stay or call your home? <small>(Own room with bed, get mail there, own key, stay indefinitely or long term, other local criteria)</small>			Yes No RtA	

Use margin below for notes.

Circle Appropriate Response

3	Where did you sleep last night?	Own place / Couch Surfing (familiar / Motel, hostile / Shelter / Vehicle(S,S) / Vehicle(F,W) / Outside(S,S) / Outside(F,W) / Public building / Abandoned building / Someones place you did not know / Jail, hospital / RtA

Place a check mark or X in each column where the youth identified sleeping in those places.

4	Have you ever slept in any of these places in these time frames? 30 days leading up to assessment and the other 11 months of the last year.	<u>30 Days</u>	<u>Year</u>
	Family member or friends couch		
	Shelter		
	Outside/Abandoned building/Vehicle		
	Public Building		
	Someone's house you didn't know		
Other high-risk environment similar to flop/trap house (eg. private shelter)			

Circle Appropriate Response

5	How long ago did you first end up without permanent housing? Using criteria from #2. This is the first time they ended up homeless.	Less than 30 days ago 30 days to three months ago 4 to 6 months 7 to 12 months + RtA N/A

6	How much of your life have you been without a stable home or homeless? Using criteria from #2. Total amount of time throughout life.	Less than 30 days 30 days to three months ago 4 to 6 months 7 to 12 months + RtA

Circle Appropriate Response

7	After the first time you ended up homeless, how many times did you have new stable housing? <i>Using criteria from #2. Total number of new homes.</i>	0 if first become homeless < 30 days ago 0 if first became homeless > 30 days ago One Two Three + RtA N/A

8	Have you ever been in a foster home, group home, or anything similar?	Yes No RtA

9	Were you ever homeless or without a permanent place to stay/sleep because:	Ran away (family home)	Yes	No	RtA
		Ran away (foster home)	Yes	No	RtA
		Violence in family home	Yes	No	RtA
		Violence in foster home	Yes	No	RtA
		Religious differences/conflict	Yes	No	RtA
		Sexuality/gender conflict	Yes	No	RtA

10	If it were possible would you like to improve relationships with family members/guardians?	Yes No RtA	10a	If this did happen would you ever consider living with them?	Yes No RtA

11	Have you spent any time in a youth correctional facility prior to 18?	Yes No RtA
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Use margin below for notes.

Circle Appropriate Response

12	Do you have any current or pending legal challenges or problems?	Yes No RtA

13	Have you ever used Cannabis (pot, weed)? <i>If "yes" ask 13a. If "No" 13a = "Never"</i>	Yes No RtA	13a	How old were you when you first tried it?	Never 11 or younger 12 or older RtA

14	Do you have any current addiction concerns?	Yes No RtA	14a	What substances do you use currently use if any? (optional) <i>Regardless of whether it is problematic or not. Record answer in comment space below.</i>

15	Have you ever (been / gotten someone) pregnant?	Yes No RtA

16	Do you currently have any children in your care? <i>Doesn't have to be their own.</i>	Yes No RtA

Circle Appropriate Response

17	Have you ever been told you have or do you think you might have FASD? Query understanding of FASD first. If they don't know what it is, no need to ask. Answer is "No." If yes, clarify diagnosis and presence of professional supports.	Yes No IDK RtA

18	What is your current situation with job/employment? Query current status and information re: type of work, income, etc. "Under the table" jobs included as long as they were supervised. otherwise based on legal jobs.	Employed F/T Employed P/T Employed before but not currently Never been employed RtA

19	What is your current involvement with school/education? Attending full time Attending part time Not attending at all RtA	19a	What is the highest grade/level completed? K to Gr. 7 Gr. 8 to 12 Some College/Univers. Compl College/Univers RtA

20	Do you have any physical health complications or concerns? Query the seriousness. (See manual for description of level of seriousness)	Yes mild but untreated Yes mild and being treated Yes moderate but untreated Yes moderate and being treated Yes serious but untreated Yes serious and being treated No RtA

Circle Appropriate Response

21	Do you have any concerns about your mental health?	Yes No I don't know RtA	21a	Have you sought out supports for this concern?	Yes, have supports now Yes, no supports now No RtA N/A

22	Have you considered or intentionally harmed yourself or others? <small>(If "No" or "RtA" is response, choose "N/A" in 22a)</small>	Yes No RtA	22a	If "Yes" query how recent, # of episodes, and # of methods. See manual for criteria.	Hi Risk Medium Risk Low Risk N/A

23	Over the last week, how many days would you say you felt...	<day or never	1 to 2 days	3 to 4 days	4 to 7 days	RtA
Depressed						
Everything you did was an effort						
Your sleep was restless						
Happy						
Lonely						
People were unfriendly						
Sad						
People disliked you						
You could not get going						
You enjoyed life						
24	Have you ever experienced something in your life that was so scary or upsetting that in the last month you...	Yes	No	RtA		
Had nightmares about it when you did not want to?						
Went out of your way to avoid things that reminded you of it?						
Were constantly on guard, watchful, or easily startled?						
Felt numb or detached from others, activities, surroundings?						

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25	Is there anything else that you want to tell us, you have concerns about, or that might help us help you better?

Once completed, populate the electronic version or YAP site for scoring calculations.