



Dear Applicant,

The following agencies are members of the Next Steps Collaborative: A Better Way, 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:

A Better Way, Inc.

3200 Adeline Street
Berkeley, CA 94703
Ph: (510) 601-0203 x305
Fax: (510) 601-4002

Abode Services – Project Independence

1065 A Street
Hayward, CA 94542
Ph: (510) 270-1191
Fax: (510) 538-5215

Bay Area Youth Center

22245 Main Street, Suite 200
Hayward, CA 94541
Ph: (510) 727-9401
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

426 17th Street, Suite 100
Oakland, CA 94612
Ph: (510) 272-0979
Fax: (510) 272-9303

Fred Finch Youth Center – Rising Oaks

3800 Coolidge Avenue
Oakland, CA 94602
Ph: (510) 485-5361
Fax: (510) 254-5653

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.

You only need to submit ONE copy of your application.

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___ ABW___

Program applying for: THP+___ THP+FC___

GENERAL INFORMATION

Name: _____ DOB: _____ Age: _____ Gender: _____

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? 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), participants of the Next Steps Collaborative,

Next Steps Collaborative Organizations
Beyond Emancipation
First Place for Youth
Abode Services
Bay Area Youth Center
A Better Way
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.

Information shared may include:

Mental Health/Alcohol and Drug Services (assessment, treatment participation and progress, drug test results and psychotropic medications)

Medical Evaluation and Treatments (including current medication and needs)

Social History (family history, cultural practices, CWS & probation history with placements, program history)

Job Training and Employment Participation (employment history, existing limitations to employment, training & attendance)

Education and Evaluation Services (learning disabilities, developmental history, school performance and attendance)

Intimate Partner Violence and Exploitation (safety concerns, change of circumstances regarding risk to family)

Delinquency & Criminal Justice History

Case Plan Service Needs (independent living skills, housing, Common Intake Form information, etc...)

I hereby authorize the following information to be released to or obtained by the agencies listed above.

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).

Client Signature (required) _____ **Date** _____
signature