



NEEGAAN INABIN REFERRAL FOR SUPPORTED TRANSITIONAL LIVING

Transitioning to adulthood is a major life event for all young people and for the most, the process is gradual, well supported, and occurs over a prolonged period.

Name: _____

Current Address: _____

Birthdate: _____

Gender: _____

First Nation Name and Number: _____

Is Youth or Young Adult Living? On Reserve Off Reserve

Contact Information: (Phone Number and email address)

REFERRAL SOURCE:

Self-referral Worker Other

Referral Source Name, Name of Organization, Address and Contact Information:

REASON FOR REFERRAL:

What do you hope to accomplish by participating in our program?

Does youth have one or more pieces of identification listed below? (Check off)

Status Card Driver's License Health Card Social Insurance Number Passport

Statement of Live Birth Birth Certificate Other: _____

Special needs:

Does youth have any special needs that will require extra support in order to live independently?

Yes No

If yes, has youth accessed other agencies or programs to address these needs i.e. MH, DSO, and Ontario Works?

Health Background:

Identify any significant medical illnesses that require medication and if additional support is required?

Other:

What are the strengths of youth?

What does the youth hope to gain from our program?

Tell us more about why the youth is ready for Independence?

As part of transitioning into independence, what life skills does the youth currently have, are they able to prepare own meals, do laundry and keep their home clean?

Current Plan for Youth Leaving Care:

Is there any risk factors present, what are the protective factors that the Neegaan Inabin should be aware of?

List **3 areas**, the youth wants to focus on (to be used for Individualized Plan)

1. _____

2. _____

3. _____

TYPE OF CARE AGREEMENT:

Customary Care MYSA Extended Care of Society Neegaan Inabin Support for Youth Agreement

Name of Worker and contact information:

Name of Emergency Contact, Phone number or email address (*Family Member, Caregiver or Next of Kin*):

Sources of Income (Check One)

Neegaan Inabin Support for Youth Agreement Ontario Works ODSP

School Funding OSAP Other: _____

Total monthly income: _____

Does youth have a bank account? Yes No

Does youth have a bank card? Yes No

Current Employment:

Is the youth currently employed? Yes No

Name of employer: _____

Total monthly income: _____

How does the youth get to work? _____

Current Educational Information:

Is youth currently attending school? Yes No

If Yes, Name of School and Address, Current Grade: _____

How does youth get to school? _____

If No, Name of last school attended and last grade level: _____

Level of Education completed: Grade 9, 10, 11, 12 GED College University

Is there plan to go further with their education?

Are you exploring educational, trade skills programming or learning opportunities, please explain:

Identify Tebenchikaywin Keenkwan Aboowin, who is part of your circle of care (provide list of names, agency and contact number):

Agreement and Signature:

I, _____, certify that the above information is true and accurate

Further, I understand that:

1. Neegaan Inabin Service is a voluntary program.
2. Neegaan Inabin Service Worker is a resource and will support youth with providing guidance and navigate to community resources.
3. Youth will follow rules of the home, keep home tidy and clean.
4. Youth will be respectful of others and respect property.

Youth signature

Date

Neegaan Inabin Service Worker

Date

Neegaan Inabin Direct Service Supervisor

Date

Office Use Only:

Date Received:

Received by: _____

Placement Decision: _____

Authorized by: _____