



Youth Excelling and Attaining Housing (YEAH!) Program Referral Form

Today's Date: _____

Your Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Referred by: _____

(Youth under the age of 19 must be referred by a social worker acting under the *Child, Family and Community Service Act.*)

Your Contact Information

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Other: _____

Support Professional

The YEAH! Program requires program participants to be connected with at least one other professional whom provides them with support. They must meet with this person at least once per month.

Are you currently connected with a professional who provides you with support? Yes No
If so, please provide their information below:

| Name: | Position and Agency/Organization: | Contact Information: |
|-------|-----------------------------------|----------------------|
| | | |

Sources of Income (check all that apply)

- Income Assistance
 Persons with Disability (PWD)
 Employment
 AYA
 Youth Agreement
 Student Loan
 Other: _____

Approximate Monthly Income (including money intended to be used for rent): _____

Current Housing Situation

- Renting (alone)
 Renting (with others)
 Living with Family
 Staying at a Shelter
 Staying on the Street/Outside
 Couch Surfing
 Other: _____

For Office Use Only – Date and Time Referral was Received: _____