

Youth Excelling and Attaining Housing (YEAH) Program Referral Form

Today's Date: _____

Your Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Referred by: _____

(Youth 18-years-old and younger should be referred by an MCFD or VACFSS social worker. If the underage youth is not already connected with an MCFD or VACFSS social worker, the YEAH Program must request approval from MCFD or VACFSS before the referral can be accepted.)

How did you find out about the YEAH Program? _____

Are you currently pregnant, parenting, or soon-to-be parenting (either full-time or part-time)? ☐ Yes ☐ No

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 who 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: _____