



Safe Harbour House Referral Form

Referrals can be made by any community member including youth who wish to self-refer.

Safe Harbour House is a transitional housing model which focuses on helping disadvantaged youth who are homeless (or at risk of homelessness). A holistic approach is put into practice to meet the needs of youth who want to develop independent living skills, continue their education, and work toward becoming healthy, caring, and responsible adults. Safe Harbour House will provide a safe sober living environment for residents and staff.

Potential residents **must be ready to engage in the process** of building a new and different life. **Youth must be clear minded and focused at the time of their application and admission.** Therefore, youth who are in crisis, have a history of violence and/or is struggling with substances may be referred to other resources for appropriate services in order to meet their needs.

We offer residents the opportunity to use their experiences and skills to make choices about their future -- these choices will have natural consequences and will have positive or negative impact on their residency at Safe Harbour House.

Safe Harbour House Rules:

- **Respect yourself and others**
- **Respect your environment**
- **Have no alcohol or drugs (in you or on you)**
- **There will be zero tolerance regarding violent behavior/ abuse (physical, verbal, emotional, psychological)**

All applicants will go through a referral process that includes a thorough assessment (please complete all referral paperwork and be prepared for follow up questions) and a face-to-face interview to determine readiness and suitability. **Not all applicants will be accepted** into the program.

Please complete Part A and B of the referral form and forward for to Safe Harbour House via email - safeharbour@partnersforyouth.ca

Only Complete Part C if the referral pertains to an emergency placement.

Part A – to be completed by the referral source

Basic Information:

Name: _____

Date of birth: _____

Gender pronoun(s): _____

Citizenship: _____

Language preference: _____

Current Address: _____

Where did you sleep last night? _____

Telephone: _____

Do you have identification (current and original)? _____

SIN: _____

Income source: _____

Medicare Number: _____

Physician: _____

Diagnosis regarding physical and mental health: _____

Medications: _____

Will you consent to Safe Harbour obtaining information about you from other organizations you may be involved with such as Social Development?

Check Yes or No.

Is the youth pregnant?

Yes No

Is the youth willing to participate in an educational program?

Yes No

What grade level have you completed?

When was the last time you were in public school?

Is the youth able to return to a safe home environment?

Yes No

Explain the circumstances: _____

Does the youth meet DSD-Youth Engagement Services criteria?

Yes No

Has this been confirmed with Social Development – Youth Engagement Services?

Yes No

Please provide DSD social worker name and telephone number (if you have one):

Does the youth have any current or upcoming legal issues/concern?

Yes No

If yes, what is the nature of the legal issue/concern and what steps are being taken to address it?

Part C - To be completed by Safe Harbour House and the referral source only after the safety criteria has been met and admission has been approved

Criteria for a 48-Hour Emergency Placement

Reasons for Emergency Placement request: _____

Have other placement alternatives been explored: _____

And if so, why were they not appropriate: _____

Safety Plan: _____

Timeline: _____

Roles of social workers: _____

Role of the youth: _____

Assessment completed for admission to Safe Harbour House: Yes No

Note: There is no guarantee the youth will be accepted into the House.