



Supportive Housing for 2SLGBTQ Youth

Service Provider Referral

Referring Worker Information:

Referring Worker: _____ Position: _____

Name of Agency: _____

Telephone #: _____ Referring Worker Pronouns: _____

E-mail _____

Name used by Applicant: _____

Pronouns used by Applicant: _____

Blue Door 2SLGBTQ+ House Release of Information Signed and Attached:

Section 1 - Relationship Between Referring Worker and Applicant:

How long have you been working with this individual? _____

How often do you meet with this individual? _____

What direct services/supports do you or your agency provide to this person?

Will you or your agency continue to work with this person if they are accepted into Blue Door 2SLGBTQ+ House? YES NO

What supports/services will your agency provide to this individual if they are accepted into Blue Door 2SLGBTQ+ House?

Will you or another staff from your agency be available for case conferences?

yes No yes, only during trial period

Section 2 - Life Skills Observations:

A) What are some strengths you see in the young person you are referring that would make them a successful applicant to Blue Door's 2SLGBTQ+ House?

B) On a scale of 1 (poor) to 10 (excellent), please rank the applicant on the following life skills as it relates to their current situation.

Capacity for Shared living: ____

Follow Through on Goal Setting: ____



Goal Setting: ____

Communication Skills: ____

Cleanliness/Hygiene: ____

Comments:

In your opinion, does the applicant demonstrate an ability and willingness to:

Cook for themselves? Yes No

Shop for food and other supplies? Yes No

Keep their room clean? Yes No

Wash dishes? Yes No

Wash clothes? Yes No

Wake up by themselves? Yes No

Is able to budget money? Yes No

Keep track of appointments Yes No

Comments:

Section 3 – Barriers and Challenges

The following questions are intended to give us more information about some potential barriers or challenges faced by the applicant. Answering yes to these questions will not hinder the applicant's chances of being accepted into the program. We ask that you include observations about the applicant's willingness to make changes, seek supports and move forward through these challenges.

Please identify any of the following areas that you believe may require support.

A) Mental Health?

Please include brief history, supports, struggles and any additional relevant info.

B) Substance Use/Abuse?

Please include brief history, supports, struggles and any additional relevant info.

C) Legal?

Please include any current outstanding charges, upcoming court dates, potential arrest warrants, Bail/probation conditions and any additional relevant info.

D) Emotional Responses/Anger?



Referring Worker's Agreement Statement:

I have read through the Blue Door 2SLGBTQ+ House referral package and understand Blue Door's criteria for acceptance. I have advised my client that this is an application and interview process that will determine which applicant will best meet the suitability criteria. I have also advised my client that there is a program agreement that they will have to sign if they are accepted into Blue Door's 2SLGBTQ+ House. I plan on continuing to work with this client towards a plan of action while this application is processed.

Name of Referring Worker _____

Signature _____

Date _____