



## Child and Family Charities – Gateway Youth Services Street Outreach Program Referral

### CLIENT INFORMATION

<b>Youth's Name:</b>		<b>Youth's Age and Birth Date :</b>	
<b>Parent/Guardian Name:</b>		<b>Date of Referral:</b>	
<b>Contact #:</b>		<b>Preferred Connect:</b> Call   Text   Both   Social Media   Other _____	
<b>Address:</b>		<b>e-mail Address:</b>	
<b>County:</b> <b>City:</b>	<b>School:</b>	<b>Youth Gender:</b> Male   Female   Transgender   Other	

PRESENTING PROBLEM(S) (check all that apply)	YOUTH'S PRIMARY NEED(S) (Check all that apply)
Youth ran away Youth has prior history of running away Youth has vocalized thoughts of running away Youth has been kicked out by parents/guardians Youth is homeless (includes couch hopping, street, emergency shelter, places not meant for habitation) Date homelessness began: _____ HMIS #: _____ Youth has been given notice to leave home (eviction) Youth is experiencing family conflict Youth lacks appropriate supervision and care Unsafe living situation (abuse and neglect) Family dislocated/homeless Overcrowded or doubled-up living situation Other: _____	<input type="checkbox"/> Shelter <input type="checkbox"/> Case Management Services <input type="checkbox"/> Therapy (family or individual) Services <input type="checkbox"/> Clothing <input type="checkbox"/> Hygiene Products <input type="checkbox"/> Food/Drink Items <input type="checkbox"/> Other: _____ _____ _____
<b>Narrative Presentation of Problem:</b> (Why is the individual in need of the referral?)	
<b>Who is Making Referral:</b>	Please send copy of ROI with referral send referral to <a href="mailto:sophia@childandfamily.org">sophia@childandfamily.org</a> Or fax to 517.882.3506

\*\* Case manager will follow up with youth within 24-72 hours\*\*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_