

**1030 Ellicott Street Buffalo NY 14209**

**(716) 881-4600 Fax: (716) 881-4604**

**www.homespacecorp.com**

**Young Parent Resource &Empowerment Program**

**Date of Referral:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Client Information** | | | | | |
| Youth Name: | | | DOB: | | Age: |
| Gender: | Pregnant: Yes No | | | Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Ethnicity: | | | | | |
| Names/DOB of Children: | | | | | |
| Names/DOB of Children | | | | | |
| Youth currently in care: Yes No | | If not, date discharged from care: | | | |
| If in care, agency name: | | If not in care, previous agency: | | | |
| Who does youth currently live with (circle 1): Own Apartment SILP Foster Home Group Home Relative Shelter Residential Placement Parent/Guardian Friend Dorm | | | | | |
| Is youth’s placement or housing situation unstable at this time? Yes No  If yes, estimated time they must move: | | | | | |

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| **Client Contact Information** | | | |
| Address: | | City, State, Zip: | |
| Home phone: | Cell phone: | | |
| Emergency Contact: | Emergency Contact phone: | | |
| Foster Parent(s) Name(s): | | | |
| Parent(s)/Guardian(s) Name(s): | | | |
| ECDSS Worker Name: | | | Phone: |
| Current Placement Worker Name: | | | Phone: |
| Other Contact: | | | Phone: |
| Other Contact: | | | Phone: |

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| **Referral source** | | | |
| Name: | Agency: | | Phone: |
| Address: | | Email: | |

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| **reason for referral** |
| Check all areas the youth needs support with from YPREP:   * Education (tutoring, financial assistance to purchase supplies, assistance with registering, etc.) * Employment (assistance with finding employment, financial assistance in purchasing clothing for interviews, bus pass to get to work, etc.) * Daily Living (learning to cook, keeping a clean living space, financial assistance with purchasing items for home, learning to use public transportation, etc.) * Budgeting (opening a bank account, learning to budget money, etc.) * Medical (linking to medical providers, understanding diagnosis, financial assistance to purchase medical equipment, etc.) * Housing (finding an apartment, tenant rights, financial assistance to pay for first months rent/security, etc.) * Parenting (parenting skills, financial assistance to purchase items for child, etc.)   In your own words give a brief description of the need from YPREP:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the referral being made to access financial help for a specific item? Yes No  If yes, what is the item(s) and the estimate cost of the item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What other resources has the youth explored in paying for this item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you anticipate that this is a one-time need: Yes No    Are you looking for long-term case-management from YPREP: Yes No  If yes, please give a description of the goals the youth wish to accomplish in a 3-6 month time frame: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list days and time that the youth is available to meet with the assigned YPREP Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Office Use Only:**  Date application Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recommendation of YPREP Option (circle 1): Short-Term Long-Term  Status: Accepted Declined: |

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