

**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 NoIf 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 NoIf 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 NoIf 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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