“MAKING THE SHIFT”
Research Demonstration Project for Youth Aging Out of Care
“Free 2 Be”
Housing First for Youth Leaving Care

REFERRAL FORM

Please fax your referral to Erik Wexler, Program Manager
Fax: 416-615-2532
Email: ewexler@woodgreen.org

Eligibility Criteria:
- Between 17 and 24 years of age (at intake to project)
- Crown ward (or similar status) transitioning/who has transitioned out of care
- Willing to work with a program staff
- Currently or willing to reside within Metro Toronto
- Willing to live independently

Please note that exclusion to the study may occur at the discretion of the manager.

1. Name of person making referral: ________________________________

2. Agency: ______________________________________________________

3. Position: ______________________________________________________

4. Telephone: ____________________ 5. Email: ______________________

6. Today’s Date: __ __ / __ __ / __ __ __ __

7. I acknowledge that the person making the referral has explained the study to
me, and I agree to this referral.

X__________________________________________  Date
Signature of Potential Participant        

I would like the person making this referral to come with me to the
baseline interview.  ☐
8. Potential study participant:

First name: _______________________________________________

Last name: _______________________________________________

Alternate name(s) (if applicable): ______________________________

Date of Birth (dd/mm/yy): ______________________________

9.

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<tr>
<th>a. Phone number(s) where young person can be reached:</th>
<th>b. What kind of phone number is this? (personal, phone number of a shelter, worker, drop-in, friend, relative, etc)</th>
<th>c. In addition to calling, can we text this number? (Yes/No/NA)</th>
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Note to referral sources: If the young person is deemed an appropriate referral, we request that you make it known to the young person that you are available to speak with them to debrief after the baseline interview, if necessary. Also, if the person you refer to our study is randomized to the housing and support services group, your contact information will be shared with their new service team so that you can be contacted if they require any additional information.

Information for service team
10. Current living situation, including address or name of residence, if applicable (e.g. housed, shelter, ‘sleeping rough’, couch surfing, etc.):

__________________________________________________________________________

11. Are they currently in school or a training program? Yes □ No □

__________________________________________________________________________
12. Are they currently employed?  Yes □ No □

13. In your view, will they need support around substance use? Yes □ No □

14. In your view, will they need support around their physical health? Yes □ No □

15. In your view, will they need support around their mental health? Yes □ No □

16. In your view, will they need support with legal issues? Yes □ No □

17. Please provide any further information you think would be helpful

18. How did you hear about the Making the Shift Project and/or Free 2 Be Program?
   □ Presentation by Free 2 Be staff
   □ From a client
   □ From a colleague
   □ Social Media
   □ Poster, post card, or other promotional materials
   □ Other: ________________________________________________________________