

SHY Office Use Only

Client Code: _____

Program Enrolled: ___351(Bremer) ___ 352 (Tri-CAP) ___350 (SELF) Entry Date: _____

Served: Jan, Feb, March _____ April, May, June _____ July, Aug, Sept _____ Oct, Nov, Dec _____

Referred not Served: Jan, Feb, March _____ April, May, June _____ July, Aug, Sept _____ Oct, Nov, Dec _____

Reason not served: Moved/phone disconnected _____ No contact w/ SHY _____ Found housing /assistance _____
Not ready yet _____ Waiting list _____ Out of area _____

**SHY PROGRAM
REFERRAL/ENTRY INFORMATION**

Youth Name _____ Referral date _____ Date needing Housing _____
Gender: ___Male ___Female ___Transgender Age: ___16 ___17 ___18 ___19 ___20 ___21 ___22 ___23 ___24

Current Address _____

Phone # _____ Social Security # _____ DOB _____

E-mail _____

County _____ Pregnant _____ Due date _____ Parenting _____ State Born _____

Do you identify as Gay/Lesbian/Bisexual? ___Yes ___No

Have you aged or exited out of one the following:
___Foster Home ___Group Home ___Correctional Facility ___Mental Health Facility
___Chemical Dependency Treatment Center ___Other (Explain) _____

Race: ___Native American/Alaska Native ___other _____
___Hispanic ___Black
___Asian/Pacific Islander ___White

Referral Source:
___Self ___Drug/alcohol program ___Police
___Street outreach worker ___Other medical ___Public Housing Waiting List
___Shelter Staff ___Social Services ___Church staff
___Psych hosp ___Probation ___Other _____
___SAIL Program ___Mental Health - out-patient

Prior Living Situation: ___Substance Abuse Treatment ___Domestic Violence Situation
___Streets ___Hospital ___Parents/Relatives (need notice)
___Emergency Shelter ___Psychiatric Facility ___Friends (needs notice)
___Transitional Housing ___Jail/prison ___Rental Housing
___Foster care ___Other _____

Current employment: ___Full-Time employment ___School status:
___Part-Time employment ___Graduated High School
___Not currently employed ___Attending High School (grade level completed)___
___Disabled/ unable to work ___Completed GED Program
___Attending GED Program
___Dropped out of school
___Attending College
___In alternative school (grade level completed)___

Other Household members: Name _____ M F Age _____
(Include Children) Name _____ M F Age _____

SAIL graduate? ___Yes ___No Date _____

Are you alcohol/drug free? Y/N If no are you in treatment? Y/N
Would you live with a roommate? _____

Social Worker: _____ Phone: _____
Probation Officer: _____ Phone: _____

Notes: