ADAPT
HALTON ALCOHOL, DRUG and GAMBLING
ASSESSMENT PREVENTION & TREATMENT SERVICES

Transitional Aged Youth Outreach Program
Referral Form

The TAY Outreach Program is a strength-based, client centred service for youth (ages 16-24) who are experiencing substance use and/or mental health challenges and barriers staying connected to relevant support services. We offer community based counseling, case management services and consistent support to assist youth in making successful transitions into adulthood. Support is also available for parents/caregivers.

CLIENT INFORMATION:

DATE: _____ NAME: _____ D.O.B. #: _____

ADDRESS: _____CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ Permission to leave a message? ☐ Yes ☐ No

CELL PHONE: _____ Permission to leave a message? ☐ Yes ☐ No

Presenting Barriers (please click all that apply):

☐ Substance use	☐ Housing	☐ Trauma
☐ Mental Health	☐ Legal	☐ Financial
☐ Emotional Health	☐ Criminal involvement	☐ Life skills
☐ Anger/Violence	☐ Physical Health	☐ Other:
☐ Educational	☐ Parenting/Child	_____
☐ Employment/Career	☐ Family/Caregiver	
☐ Child Welfare involvement (CAS)	☐ Partner/Spouse	

Known substances used in the past 3 months:

_____

_____

Is the client currently homeless or have a history of risk of homelessness? ☐ Yes ☐ No ☐ Unknown
Does the client experience barriers to core services at ADAPT office locations? ☐ Yes ☐ No ☐ Unknown
If yes, please explain: _____
Has the client been diagnosed with a mental health illness? ☐ Yes ☐ No ☐ Unknown
If yes, please identify the diagnosis(es): _____

_____

Is the client taking prescription medication? ☐ Yes ☐ No ☐ Unknown
If so, please identify: _____

_____

Has the client identified a need for support in the transition life areas (eg. education, employment, financial assistance, mental/emotional/physical health, housing, recreation, etc.)? ☐ Yes ☐ No ☐ Unknown
Is the client currently working with other service providers? ☐ Yes ☐ No ☐ Unknown
If yes, please identify: _____

_____

Does the client have informal supports (family, friends, etc.) ☐ Yes ☐ No ☐ Unknown

Please briefly describe your reason for referral and client risks (eg. present concern(s) and if not already highlighted above, please indicate in which areas the client could benefit from outreach support?)

_____

_____

_____

_____

_____

Please list client's strengths:

_____

_____

_____

_____

_____

REFERRAL SOURCE INFORMATION:

NAME: _____ AGENCY: _____

PHONE: _____ EMAIL: _____

Please indicate if a bridging meeting with the assigned TAY Counsellor is preferred? ☐ Yes ☐ No
Referring Counsellor's special instructions for assigned TAY Counsellor:

_____

_____

_____

CONSENT: (to share personal client information for the purpose of a referral)

Signature of Client: _____ Date: _____

Signature of Referral Source: _____ Date: _____

REFERRAL INSTRUCTIONS:

Please fax completed referral form to the ADAPT Milton Office - **905-876-1978**. Please include **ATTN: JENNIFER SPEERS** on the cover page and a TAY Counsellor will be in touch with you as soon as possible.

If you require additional information or wish to speak further regarding the referral, please contact Jennifer Speers at **905-693-4249.**

Thank you!