STAY IN SCHOOL PROGRAM REFERRAL
Youth Without Shelter (YWS)

1. STUDENT INFORMATION

Name: _____
Date of Birth: _____
Age: _____
School: _____
Grade: _____
Referral Date: _____

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2. REFERRING INDIVIDUAL (SCHOOL / AGENCY)

Name: _____
Position/Organization: _____
Relationship to Youth: _____
Contact Information: _____

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3. REASON FOR REFERRAL (STAFF SUMMARY)

Brief overview of why the youth is being referred:

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4. CURRENT SITUATION & CONTEXT (STAFF COMPLETED)

The youth is currently experiencing barriers impacting school engagement and stability, which may include:

☐ Housing instability / homelessness risk
☐ Mental health or emotional distress
☐ Family conflict or lack of support
☐ Poor attendance or disengagement
☐ Academic credit gaps / falling behind
☐ Financial insecurity
☐ Transportation barriers
☐ Other: _____ Additional

context:

5. ATTENDANCE & PROGRAM EXPECTATIONS

Regular school attendance is a core requirement of the Stay in School Program.

Youth are expected to:

- Attend school consistently and on time
- Participate fully in academic programming
- Maintain approximately 65% academic standing or higher
- Engage with YWS supports and case management

6. YOUTH STATEMENT

1. CURRENT SITUATION

Describe what is happening in your life right now (housing, school, family, or anything affecting you):

2. CHALLENGES AFFECTING SCHOOL

☐ Housing instability / no stable place to live
☐ Mental health or emotional stress
☐ Family conflict or lack of support
☐ Missing school / attendance issues
☐ Falling behind in schoolwork or credits
☐ Financial stress
☐ Feeling overwhelmed or unmotivated
☐ Other: _____ Explain

in your own words:

3. WHY YOU NEED THE PROGRAM

☐ Help me stay in school and graduate
☐ Provide stable housing and safety
☐ Help with schoolwork (tutoring support)
☐ Support mental health and stress
☐ Case management and guidance
☐ Help me get my life on track
☐ Other: _____ Why

do you need this support?

_____
_____
_____

4. GOALS FOR THE FUTURE

☐ Graduate high school
☐ Go to college/university
☐ Get a job or career
☐ Become independent
☐ Improve mental health and stability
☐ Other: _____ Explain

your goals:

_____
_____
_____

5. ATTENDANCE & COMMITMENT

Are you willing to attend school regularly and participate in supports?

☐ Yes
☐ No
☐ I want to, but need support

What would help you succeed? _____
_____

7. YWS PROGRAM SUPPORTS

The Stay in School Program may provide:

☐ One-on-one tutoring
☐ Case management and goal planning
☐ Mental health supports / therapy referrals
☐ Mentorship
☐ Stable transitional housing
☐ School supplies / laptop access
☐ Transportation support
☐ Life skills development

These supports are delivered through a trauma-informed, wraparound model designed to improve school success and long-term stability. (Youth Without Shelter)

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8. SCHOOL / AGENCY COLLABORATION SUPPORTS

Current School Supports:

☐ Guidance counsellor
☐ Attendance counsellor
☐ Special education / IEP
☐ Credit recovery program
☐ School social worker
☐ Mental health services
☐ Indigenous support worker
☐ ESL support
☐ Other: _____ **Additional**

Collaboration Needed:

_____

_____

_____

9. RATIONALE FOR YWS PLACEMENT (STAFF)

Why YWS Stay in School is appropriate for this youth:

10. GOALS FOR PARTICIPATION (STAFF)

☐ Improve attendance
☐ Improve academic performance
☐ Stabilize housing
☐ Improve mental health ☐
Increase independence
☐ Graduate high school

11. CONSENT

☐ Youth consent obtained
☐ Guardian consent obtained (if applicable)

Staff Signature: _____
Youth Signature: _____ Date: _____

CONSENT TO DISCLOSE AND SHARE INFORMATION

I understand that Youth Without Shelter (YWS) provides support through a coordinated, wraparound service model that includes housing, education support, case management, and mental health services.

I consent to YWS:

- Collecting and using my personal information for program eligibility and support planning
- Sharing relevant information with my school regarding attendance, academic progress, and support needs
- Communicating with partner agencies (including housing, mental health, and community supports) when necessary to support my success in the program
- Contacting referring staff or agencies for follow-up related to my participation

I understand:

- My information will only be shared on a need-to-know basis
- I may withdraw consent at any time, but this may affect my participation in the program
- YWS operates under privacy legislation including PIPEDA and organizational confidentiality policies

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YOUTH CONSENT

Signature: _____
Date: _____

REFERRING AGENCY CONSENT

I confirm that I support this referral and consent to communication between YWS and relevant school/support agencies for the purpose of this youth's success.

Signature: _____
Date: _____

GUARDIAN CONSENT (IF APPLICABLE)

Signature: _____
Date: _____