



2185 W. 8th Street  
Erie, PA 16505

# Youth In Transition (YIT) Referral Form

FAX: (814) 878-2029

## CONSUMER INFORMATION

NAME:	DOB:	
	SSN:	
Phone:	Address:	
Alternate Number:		

Is the consumer currently homeless or eminent risk of homelessness ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the consumer currently residing in a homeless shelter ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain		
Current involvement with legal history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain		
Is the consumer currently inpatient or residential services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain		
Facility Name:	Contact Name:	
Facility Address:	Contact Number:	
	Date of Admission:	
	Tentative Discharge Date:	

## REFERRING INFORMATION

Referral source:	Agency Affiliation:
Contact Number:	Referral Date:
<b>Reason for referral:</b> ( please indicate reason for wanting /needing services)	

## DIAGNOSTIC INFORMATION

SMI Diagnosis:
Current MH Symptoms:

Medical Conditions

Are there any current or past drug & alcohol concerns? YES  NO   
If yes, please explain:

Is the consumer currently enrolled in treatment for substance usage? YES  NO   
If yes, where:

*EXISTING SERVICES/ SUPPORTS*

<b>Psychiatrist</b>	<b>Primary Care Physician</b>	<b>Blended Case Manager</b>
Name:	Name:	Name:
Contact #:	Contact #:	Contact #:
<b>Psychitric Rehabilitation Services</b>	<b>Mobile medication Monitoring</b>	<b>Other</b>
Name:	Name:	Name:
Contact #:	Contact #:	Contact #:

*SAFETY CONCERNS*

Please note The YIT Fairweahter Lodge is not a residenationl or treatment program and will not be staffed 24 hours. Are there any safety concerns or risk factors that the staff should be aware of?

Please explain:

*Work/vocational history and goals*

Interested in working or currently working? YES  NO   
curnrnely in school? YES  NO

Referring Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_