**SECTION 1: To Be Completed by the Person Making Referral**

Today’s Date:

**Person Making the Referral Information:**

First Name:      Last Name:       Pronouns (ex. he/him, they/them, she/her, ze/zir):

Title (if applicable):

Agency (if applicable):

Phone:       Email:

Relationship to the youth or young adult for whom you are making the referral?

|  |  |
| --- | --- |
|  [ ] Youth or young adult (Self)[ ] Family member [ ] Service Provider [ ] State Employee |  [ ] Law Enforcement[ ] Advocate[ ] Educator[ ] Other, please specify:  |

**Youth or Young Adult’s Information:**

Name (If different than legal name):

Legal First and Last Name:

Pronouns (ex. he/him, they/them, she/her, ze/zir): Date of Birth: Age:

Phone Number:  Alternate Phone Number (after exit date):

Email:

Current Address (Place Name – if applicable, Street, City, County, State):

Is the young person sleeping at their current address? [ ] Yes [ ] No

If no, where are they sleeping at night?

How long have they been sleeping there? Months       Days

What system of care will the youth or young adult soon be exiting from?

[ ] Child Welfare [ ] Juvenile Justice [ ] Behavioral Health [ ] Programs of the Office of Homeless Youth

What is the anticipated date the youth or young adult will be exiting that system of care?

Does the youth or young adult have a stable place to live after they exit? [ ] Yes [ ] No

If no, what housing resources have been explored prior to making this referral?

If no, what barriers or challenges have prevented the youth or young adult from finding stable housing?

Where would the young person like to live once they leave their current situation? City       State

**SECTION 2: To Be Completed by Youth or Young Adult:**

How would you describe your current housing situation? (*Examples: living in a group home, hospital, with foster parent*)

What is your desired housing situation? Please include location, people you would like to live with, and anything you are excited or worried about with your transition to a new living environment.

**Preferred Methods of Communication**

You can contact me the following ways (select all that apply and include contact information)

By clicking each box, I consent to the following correspondence from the Youth and Young Adult Housing Response Team \*(include check boxes on all options below including indented bullets)

 [ ]  Phone number

[ ] You may text provided phone number

[ ] You may leave a detailed voice message at the number provided

 [ ]  Alternate phone number

[ ] You may text provided phone number

[ ] You may leave a detailed voice message at the phone number provided

 [ ]  Email address

 [ ]  You may send me direct messages via social media *(DCYF will never post anything that is viewable to the public or can be seen by social media contacts).*

Social media platform(s)*:*

Social media username(s)*:*

**Demographic Information**

**Race** (check all that apply)

[ ] Asian

[ ] White

[ ] Black or African American

[ ] American Indian or Alaska Native

[ ] Native Hawaiian or Pacific Islander

[ ] Prefer Not to Say

**Ethnicity**

[ ] Hispanic or Latinx

[ ] Not Hispanic or Latinx

[ ] Prefer Not to Say

**Youth and Young Adult Notice of Privacy Practices**

 Privacy is of utmost important to DCYF and has practices in place to prevent the misuse and accidental sharing of personally identifiable information which includes but is not limited to my name, date of birth (DOB), demographic information, prior system involvement, caregiver and family information.

Any personally identifiable information provided will not be shared with anyone outside of the members of the Youth and Young Adult Housing Response Team without prior written consent or as authorized by law. DCYF will only use and/or release information on a need-to-know basis after written consent or authorization has been obtained.

If you have questions about how DCYF may share or release information about you, please refer to [RCW 13.50](https://apps.leg.wa.gov/rcw/default.aspx?cite=13.50&full=true) or ask the person giving you this form.

If you have questions about how HCA may share or release your information, please refer to: <https://www.hca.wa.gov/assets/free-or-low-cost/40-460EN.pdf>

If you have question about how DSHS - DDA may share your information see [Chapter 42.56 RCW: PUBLIC RECORDS ACT (wa.gov)](https://app.leg.wa.gov/rcw/default.aspx?cite=42.56) and/or [Chapter 388-01 WAC:](https://app.leg.wa.gov/wac/default.aspx?cite=388-01)

[ ]  I acknowledge any personally identifying Information I provide including but not limited to my name, DOB, demographic information, prior system involvement, caregiver or family information will not be shared with anyone outside of the Youth and Young Adult Response Team without my prior written consent or as authorized by law.

[ ]  I understand information which cannot be used to identify me may be shared without my prior written consent. In this event, my information will be connected to a unique identifier that cannot be used to identify me.

**Youth and Young Adult Consent for Services**

[ ]  By checking this box, I consent to receive services from the Youth and Young Adult Housing Response Team, which may include staff from The Office of Homeless Youth, Department of Social and Health Services, Health Care Authority and the Department of Children Youth and Families.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Young Person Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Person Making Referral Date**

Once this form has been completed, please email it to YYAHRT@dcyf.wa.gov and the Youth and Young Adult Housing Response Team manager will contact the person making the referral to get more information and determine eligibility for YYA-HRT services. The young person seeking housing support will also be contacted prior to meeting with the YYA-HRT.