



Transition to Adulthood Semi Independent Living Program

Phone: (780) 915 - 0121 Fax: (780) 988 - 8294

Intake & Referral Information

PROGRAM INFORMATION

Cross Roads Youth Care Transition to Adulthood is a Supported Independent Living Program (TSIL). It provides community based services to adolescents ages fifteen to twenty-one years old with Child Welfare Status. The primary objective of TSIL is to assist teens with acquiring the necessary skills and experience to live independently in the community or moving on from Cross Roads group care.

Every youth in the program receives the assistance of a youth worker who provides a range of supports based on the teens needs. Intensive living skills training, homework support, youth worker support weekly, financial and emotional support, and familiarity with community resources makes it possible for the teen to manage their own lives.

Supported Independent Living services are provided basically through the two components outlined below (however, other living arrangements can be accommodated under some circumstances).

COMMUNITY COMPENT

The community program provides teens, on an individual basis, help and support to live in their own accommodations so they can eventually become fully independent. They will live in an area of their choice which is accessible to their work, school etc with minimal supervision.

T.S.I.L. COMPENT

In this program youth will live in a house with a fully furnished basement suite, which has a full bathroom, kitchen and bedroom with a separate entrance from upstairs. The youth will receive supports from a part time youth worker as well he/ she will have a family living upstairs right above the suite which will provide on going supervision and a place the teen may visit when he/she needs assistance. T.S.I.L. teens are provided with the same services as community teens but in a more structured and supervised environment.

In both components of the program teens receive all or a combination of the following supports and services:

- Access to twenty four hour on call emergency staff
- Individualized supports from a youth worker
- Assessment and instruction on living skills
- Support network development
- Help with maintaining a day program (*either work or school*)
- The provisions of monies for rent and utilities, food, personal incidentals, clothing, laundry, and a monthly bus pass

SOCIAL SERVICES RESPONSIBILITY

To place a youth in our Supported Independent Living Program (TSIL) the Case Worker is responsible for the following:

- School registration fees.
- School transportation fees if specialized bussing is necessary.
- On going counseling.
- Drives or driver escorts (outside of the Edmonton City limits).
- One on One crisis support (after the first 48 hours)
- Recreation (speciality registered recreational courses or activities that require individual memberships such as boxing clubs, karate clubs, hockey teams/equipment, etc)
- Cell phones.
- Start up costs - A one time fee of \$ 500.00 will be charged.
- Attend Case Conferences and maintain contact with TSIL staff regarding ongoing casework or changes in case plans.

TO MAKE A REFERRAL

If you think your youth will benefit from a component of Cross Roads Youth Care's Supported Independent Living Program (TSIL) please fax your referral to Bill McMullin, at (780) 988 - 8294. Your youth will be placed on the awaiting list. When a spot becomes available an intake Case Conference will be scheduled with all relevant persons involved.

Bill McMullin

Director - Cross Roads Youth Care

Ph: (780) 915-0121

Fax: (780) 988-8294

Email: crossroadsadmin@shaw.ca

Cross Roads Principles

Individuals, with the assistance of their families and friends are the primary source for identifying what is best for themselves and what kind of supports they require.

Supplementary Principles

Recognizing that many youth require the assistance of paid supports to live, work and participate in the community. Supplementary principles have been identified to guide supports funded by Cross Roads Youth Care.

- Supports assist individuals to be fully included and live meaningful lives, in the community
- Supports are adequate, flexible and individualized, while being responsive to personal and family changes as well as community dynamics.
- Supports assist individuals to maintain and build their connections and relationships with family, friends and other community members and should not define all aspects of the persons life.
- Supports recognize the potential of individuals and provide them with opportunities for continuing growth, personal development and life-long learning.
- Supports respond to the direction determined by individuals, their families and guardians, being careful to follow their lead, rather than take control.

Is the Child Adopted? _____ Age at Adoption: _____

Other pertinent information related to current family:

MEDICAL INFORMATION

Name of Last Doctor: _____

Date of Last Medical: _____

Date of Last Dental: _____

Date of Last Optical: _____

(Please provide copy if within three months)

Special Medical Care, Prescriptions, Allergies, Diets, Etc.

Has a Suicide Risk Assessment been done? _____

By whom and when? _____

Treaty #: _____ Band: _____

A.H.C #: _____ Treatment Service Card #: _____

SCHOOL INFORMATION

Last School attended: _____ Grade: _____

Phone Number of Last School: _____

Attendance in Last School (Regular, Irregular) _____

Does the Youth have any Academic Assessments? _____

RISK ASSESSMENT

Please complete, in consultation with the current caregiver, reflecting the youth's current risk profile in the following areas. This information will be kept confidential and is used for placement preparation and matching.

LIFESTYLE HABITS

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Sexually Active | <input type="checkbox"/> Contraception | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Alcohol | |

For each of the following areas, please note the level of severity of each of these factors on the youth's current functioning.

0= No concerns at all. This is not an issue.

1= A mild area of risk. This requires monitoring and/or occasional attention and could potentially be a risk if severe risk occurs.

2= A moderate area of risk. This requires support and attention most of the time and is often an area of concern.

3= A high area of risk. This requires constant and immediate support and attention and without this support and attention the emotional or physical safety of the youth of others is at risk.

Relational Concerns	Rating (0-3)	Comments
Previous sexual abuse		
Previous physical abuse		
Previous emotional abuse		
Neglect/Abandonment		
Caregiver conflict		
Family substance abuse		
Ability to attach to caregivers		

Presenting Concerns	Rating (0-3)	Comments
Suicide risk		
Physical aggression towards others		
Verbal aggression towards others		
Depression		
Truancy		
AWOL		
Substance abuse		
Psychiatric disorder		
Sexual risk-taking behavior		
Grief reaction		

CONSENT TO TREATMENT

I, _____ do hereby consent to place _____
(Case Worker) (Youth)
at Cross Roads Youth Care - Transition to Supported Independent Living Program for the purpose of
treatment.

PLEASE CHECK ALL THE APPLICABLE STATEMENTS

_____ I HAVE REVIEWED THE PRE-PLACEMENT PACKAGE AND AGREE THAT SERVICES
AND TREATMENT WILL BE PROVIDED TO THE ABOVE NAMED CLIENT AS INDICATED
IN THE PACKAGE.

_____ THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED
CLIENT AND HE/SHE AGREES TO ADMISSION AND TREATMENT AS INDICATED IN
THE PRE-PLACEMENT PACKAGE.

(SIGNATURE OF YOUTH)

_____ THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED
CLIENT HOWEVER, HE/SHE REFUSES TO GRANT AGREEMENT TO ADMISSION AND
TREATMENT AS INDICATED IN THE PRE-PLACEMENT PACKAGE. I HAVE EXPLAINED
TO THE ABOVE NAMED CLIENT THAT AS THE CHILD WELFARE WORKER
ASSIGNED TO THIS CASE I MUST THEREFORE GRANT THE APPROVAL IN HIS/HER
BEST INTEREST TO FACILITATE NECESSARY TREATMENT.

_____ THE PRE-PLACEMENT PACKAGE HAS NOT BEEN REVIEWED WITH THE ABOVE
NAMED CLIENT AS IT WAS FELT THAT IT WOULD BE INAPPROPRIATE AND
DETRIMENTAL TO THE SUCCESSFUL TREATMENT OF THE INDIVIDUAL FOR THE
FOLLOWING REASONS: (ATTACH ADDITIONAL PAGE IF REQUIRED)

(SIGNATURE OF CASE WORKER)