



(416) 893-5196  
 www.stepstonesforyouth.com  
*Email form to:*  
 referrals@stepstonesforyouth.com

**YOUTH IN TRANSITION AND MENTORING PROGRAM REGISTRATION**

*StepStones for Youth is committed to supporting youth aged 15-24 who are transitioning to adulthood*

**Referral Information:**

Date:		Phone:	
Referring Individual's Name		Email:	
Agency Name:		Relationship to Youth:	

**Youth Information:**

Name:			
Date of Birth:			
Address:			Unit:
City/Postal:			
Email:			
Phone/Cell Phone:			
Legal Guardian:			
Address:			Unit:
City/Postal:			

**Child Protection Info:**

Current Placement	
Worker Name:	
Worker Email	
Worker Phone #	
Agency Name	

**Community Resources:** (What other services are involved with the Youth (Counselling, CAS, Housing support, employment agencies, school, sports teams, religious/cultural organizations etc)

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What are the youths' needs/challenges/symptoms and what current changes have occurred to require support?

Please describe any clinical treatments and social programs previously used to address each and comment on the outcome achieved, including successful treatment and/or intervention.

a) FAMILY DYNAMICS	e) MEDICAL CONDITIONS (include allergies and diagnosis)
b) EDUCATIONAL/ PHYSICAL OR DEVELOPMENTAL DISABILITIES	f) SUBSTANCE USE/ABUSE
c) PEER/SOCIAL	g) EMOTIONAL
d) LEGAL	h) SEXUAL VICTIMIZATION/SEXUAL PERPRETATION

**Services Requested**

	Youth in Transition Support Only
	Youth in Transition and Mentorship
	Tutoring
	Scholarships

**\* TO BE SIGNED BY LEGAL GUARDIAN/YOUTH (IF OVER THE AGE OF 18) OR SUBMIT WITHOUT A SIGNATURE.**

**PROGRAM AGREEMENT & CONSENT**

*By signing the agreement below, you are agreeing to allow the participant to take part in the SPIRIT program, supporting youth in transition. Your information will be kept in confidence and can only be accessed by persons authorized by StepStones, working directly with your child's file. Communication with outside agencies/persons may only take place once a release form has been signed.*

Consent is hereby given for the participant \_\_\_\_\_ to participate in the StepStones' Program. Any stories, photographs, digital images, video or audio recordings in which the participant appears may be used for StepStones promotional literature and will remain the sole property of StepStones for Youth Inc. I give permission for the participant to enroll in this program, and to participate fully in both on and off site activities and trips, questionnaires, surveys, and focus groups, unless otherwise indicated in writing. I acknowledge that the applicant may be sent home for any behavioural or medical issues that StepStones is not prepared to accommodate and that I will incur the costs for any travel that may be required to transport the participant home safely. I understand that as the individual/parent(s)/foster parent(s)/guardian(s) completing this consent form I have legal responsibility for the individual registering and am legally responsible for the payment of fees and other expenses incurred by the participant. There will be no reduction or refund of fees for participants arriving late, leaving early, or who are sent home. To the best of my knowledge the above information is accurate. If the participant becomes exposed to any infectious diseases I will notify the staff at StepStones immediately. I give permission for any emergency anesthesia, operation, injections, transfusions, hospitalization, or other treatment that might be necessary for the participant while under the care of the StepStones Program personal. I understand that in the event of an emergency, StepStones personal will attempt to contact me at the telephone numbers listed on this form. Having taken all reasonable precautions, neither StepStones for Youth nor any organization working with StepStones for Youth shall be held responsible for any accident or sickness. I am committed to supporting the participant for their involvement in the StepStones program.

Participant's Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Legal Guardian Signature (If youth is under 18 years of age): \_\_\_\_\_