



Garden State Home

Please send referrals to:

Garden State Home
16 North 7th Avenue
Highland Park, NJ 08904

Phone: 908.331.0467
Fax: 732.626.6041

Client's name: _____ D.O.B.: _____ Date of Referral: _____

S.S. #: _____ Referral Source: _____ NJ CASE ID: _____

Contact Person: _____ Telephone: _____ AHH CYBER ID: _____

Successful candidates for our Supportive Housing Programs are young men between the ages of 16 – 21, who are aging out of the child welfare system or homeless. Prospective youth should demonstrate the potential and desire to achieve self-sufficiency through pursuit of higher education, ability to obtain & maintain employment, and demonstrates ability to live harmoniously with others in a community based program.

A. Current Living Status:

Resource Family Group Home Shelter Other _____

Name of Facility/Group Home/Shelter/Foster Home: _____

Present Address: _____

Home Telephone: _____ Work Telephone: _____

Please attach the youth's most recent treatment plan, psychological evaluation, and discharge summary.

B Please discuss the applicant's strengths, which indicate the ability to function independently with supportive services:

C. Please discuss any challenges the applicant may have which impedes his ability to function independently: (i.e. not taking prescribed psychiatric medications, current substance abuse, cognitive impairments, criminal conviction in past 5 years, behavioral problems, present a danger to themselves or others, fire-setter):

D. List All Family Members and Significant Others

<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Age</u>	<u>Relationship to Client</u>

E. Placement History: (Include present placement)

<u>Placement</u>	<u>Contact Person</u>	<u>Dates</u>

F. School Information:

School: _____ Most Recent grade completed: _____

Classification (please specify: SLD, ED,...) _____

CST Evaluation: Yes No

*Please attach most recent IEP if applicable

G. Youth Income:

- (1) Under \$5000 (2) \$5,000- \$9,999 (3) \$10,000- \$14,999
- (4) \$15,000- \$24,999 (5) \$25,000- \$34,999 (6) \$35,000 or more
- (7) SSI applied for? Yes No

(8)Receiving public assistance? Yes No

H. Is youth eligible for any of the following public assistance programs? If yes- please check box:

GA/TANF Food Stamps SSI or SSD New Jersey Family Care WIC

1. Is youth currently receiving Medicaid? If yes, is it provided by the Division of Youth and Family Services, MEYA (Medicaid Extension for Young Adults) or social services?

2. Has this Transitional Living Program (with mandatory supportive services component) been discussed with potential resident? Yes No

3. Is the potential resident motivated to participate?

Additional Information Concerning Present Situation: _____

Referral Agency's Assessment of Potential for Physical Violence Toward Others (including peers as well as staff) _____

Signature of Case Worker _____

Signature of Supervisor _____

After review of this form, a decision will be made if youth is eligible. If they are, youth will be contacted to come in for an interview. If youth is accepted, they will need to have a physical prior to move-in, possess immunization records and DYFS guardianship.
