

NIGHTSTOP REFERRAL FORM



BASIC ELIGIBILITY CHECKLIST								
Is the youth between the ages of 16-26? ☐YES ☐ NO								
Does the youth reside in York Region? YES NO								
Is the youth under the influence of any substances? YES NO								
Is the youth showing obvious signs of violent behavior? YES NO								
Is the youth seeking a bail address or absconding custody? YES NO UNSURE								
Does the youth have a high dependency need (e.g. an illness, mental or physical, which is unmanaged)? \square YES \square NO \square UNSURE								
Does the youth have a recent history of arson, sexual assault, violent behaviour/other serious crime? YES NO UNSURE								
IF YES TO ANY OF THE ABOVE THIS YOUNG PERSON MAY NOT BE APPROPRIATE FOR NIGHTSTOP. PLEASE CALL THE PROGRAM COORDINATOR BEFORE COMPLETING THIS FORM (905-475-6694). IMPORTANT: If it is 3pm or later make sure the youth is able to provide two references with contact information that can be reached this evening. You may need to call now to get evening contact information.								
GENERAL DETAILS								
Date of	Has the applicant used YE		☐YE:	, I				
Referral		Nightstop before)	find out al			
Can the applicant read and write?				Interpreter req		equire	d	☐YES ☐ NO
Applicant's name				DOB & Age				
include AKA and previous names								
PHYSICAL DESCRIPTION								
Height:		Build:		Eye Color:			Hair Color:	
		☐Slight ☐ Medium ☐ Large				_		
Tattoos/Marks/Piercings:						Natural Dyed		
CONTACT INFORMATION								
Phone Number:		How should we identify ourselves when calling (i.e.		Can we leave a voicemail at this		Do you prefer text messages?		
		360°kids? As a friend?)		number? ☐YES ☐ NO		□YES □ NO		



Email Address:	Is this your personal email address?			How often do you check your email?					
	□YES □ NO								
1 st time homeless?	□YES								
	□NO								
Emergency contact				ionship		Permission	□YES		
details (name):		to app		plicant		to contact	□NO		
Where did the applicant									
sleep last night?									
Why does the applicant need Nightstop? Nightstop ensures the service is safe for									
volunteers, young people, employees and the wider community									
Has the applicant slept	☐ YES	How		Where					
"rough" (i.e. on the	□ NO	many		did they					
street, shelter, couch surfing)?		nights?		sleep?					
What is the last known	Address:	l l							
address they stayed in?									
	Tel:								
	Who was it with? (i.e. friend)								
	What type of relationship was it?								
Did they feel safe there?									
Why did they need to leave?									
What dates were they at last address and reasons for leaving	From	to							
What was the type of their last address?	□ Supported Accommodation □ Family Permission to contact □ YES □ Friend □ Other (please state) □ NO			_					



Main area of connection / home town					
Is the applicant					
attending school or					
employed? If so please					
provide details					
Gender:					
Sexuality					
Do you identify as part of the LGBTQ community?					
Yes No Don't wish to state					
Ethnicity:	Nationality:				
What is the applicant's preferred					
language. What level of English					
can they speak?					
Religion					
	lindu 🗌 Atheist 📃 Sikh 🗌 Buddhist 🗌 none 🗌				
The state of the s	Don't wish to state				
Citizenship status	☐ Canadian Citizen ☐ Permanent Resident ☐ Refugee				
	Landed Immigrant Other:				
Does the applicant need any					
accommodations, including mobility?					
Does the applicant have any dietary restrictions?					
Does the applicant have any					
involvement in the youth and/or					
criminal justice system?					
Is the application on bail?					
Do they require an address					
Do they have a probation officer?					
Does the applicant have any					
substance use issues?					
Does the applicant have any health	<u>'</u>				
(physical or mental) issues					
Is the youth allergic to cats?	☐YES ☐ NO Details:				
Is the youth allergic to dogs?	☐YES ☐ NO Details:				
	☐YES ☐ NO Details:				
DOES THE YOUTH NEED ANY CLOTHI	NG FOR TONIGHT? If yes, what sizes and what is needed?				
Details:					



REFERENCES						
We will need to speak to at least one professional adult who has known the young person for a minimum of 6 months, and can answer questions on the risk assessment. This is essential for Nightstop to be able to assess the young person's suitability to stay in a volunteer's home. E.g. Social Services, Probation, Youth Services, Children's Aid Society Worker, Keyworkers from other charities. If there are no other professional agencies working with the young person we could also speak to tutors/ teachers/ mentors/ vicars/ pastors, or past employers, adult relatives or adults who the young person has stayed with. To make this process as fast as possible please provide contact details below, and make sure the young person signs the consent form at the back, so we are able to seek this information						
Name of agency/individual World		er and contact number	Details of involvement			
Is the applicant present? ☐YES ☐ NO If no, where are they?						
Do they know you are making this r	eferral	? YES NO				
Referral Agency		Referrer's Name				
Has your agency signed an agreement	ent witl	h Nightstop?				
In what capacity do you know the applicant and for how long?						
Phone Number/s	E	Email				
What hours are you available?						
Can you verify the applicants I.D.?		☐YES ☐ NO				
Do you think the applicant is suitab be placed in a volunteer's home?	le to	□YES □ NO				
How long do you think they will nee Nightstop?	ed					
Have you explained Nightstop to the applicant?	e	□YES □ NO				
What services does your organization offer?						



Nightstop Guest / Agency Contract



- I, ______, in return for temporary housing agree to the following conditions upon my admissions to the 360°kids Nightstop program.
 - 1. I will connect with the Program Coordinator within 24 hours after staying at a Host home with Nightstop, unless otherwise agreed upon with the Program Coordinator.
 - 2. I agree to work with the Program Coordinator to create Plan of Care as initiated within 7 and/or 30 days of admissions.
 - 3. I confirm that I am not under the influence of drugs or alcohol and will not bring any onto the premises of the Host Home.
 - 4. I will not bring any unauthorized personal effects into a Nightstop Hosts home.
 - 5. I understand that some Host Homes do not permit smoking at all and others only within designated areas outside of the home. I will abide by the rules of the Host Home and will not smoke within the house ever.
 - 6. I will not engage in any physical interaction with the Host or other individuals residing in the home under any circumstances (this includes hugs).
 - 7. Once I arrive at the Host Home, I understand that I am not permitted to leave unless prearranged with the Program Coordinator or if feeling unsafe.
 - 8. I will immediately call the Program Coordinator should I feel unsafe, if I'm lost or if I'll be late arriving at the Host Home.
 - 9. I will arrive at the Host Home within the designated time frame, will follow bed times, and will leave the house promptly at the designated time.
 - 10. I will abide by all Host Home rules including staying out of rooms that are off limits, will respect the hosts, their property and belongings.
 - 11. I have read and agree to comply with all additional house rules as outlined by Host and the Nightstop Program Coordinator.
 - 12. I will be respectful and gentle with the Host's property.
 - 13. I will use polite and respectful language when in the Host home.
 - 14. I will only go into the rooms within the Host's home that I have been provided access to.
 - 15. When outside of my designated bedroom, I will be fully clothed.
 - 16. I understand that the host will not enter my designated bedroom while I am residing within their home, unless I grant permission or if I'm in danger of harming myself.
 - 17. I understand that any non-compliance or deviation from the above rules and regulations may result in my immediate discharge.
 - 18. I provide consent for 360°kids to contact the York Regional Police to perform a youth justice and/or criminal background check if needed to support my screening process for the program.



Nightstop Guest / Agency Contract Cont'd



More specifically, Immediate Premature Discharge may result if I engage in any of the following:

- Violent or disruptive behaviour towards 360°kids staff, the host, family members or any community members.
- Possession of any weapons or guns on the premises.
- Any degree of vandalism (this may also result in the police being called and charges being laid by 360°kids or by the host).
- Use of drugs, alcohol and/or weapons or guns on the premises.
- Sexual activity on the premises.
- Behaviour "on or off the premises" which necessitates the calling and / or intervention of the police. Also be aware that this behaviour may result in charges being laid.
- Sharing the address, pictures/videos of the home or residents, or any personal information about the hosts (during or after stay).
- Inviting anyone to come to the Host Home.
- Coming to the Host Home after your visit without permission/arrangements from Nightstop.
- Using their phone or internet without permission.

Youth/Guardian Signature:	Date:		
Staff Signature:	Date:		

Scan the completed package to nightstop@360kids.ca with subject line "Nightstop Referral"

OR

Fax the completed package to 905-475-5733

Please include a cover page that states "ATTN: Nightstop Program Coordinator."