



Unity Project Program Referral

Please complete to the best of your knowledge, and include as much information as possible in “reason for referral”.
When completed, please e-mail as an attachment to unity@bgcc.ab.ca.

This information is protected under the provisions of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and of the Personal Information Protection Act, SA 2003 c. p-6.5.

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What is the Unity Project?

The Unity Project works with youth up to the age of 24 to support them in ending their experience of homelessness by improving their safety and wellbeing by building up their relationships and natural supports. Our outreach workers support youth in their journey to access housing and build life skills for self-sufficiency.

What does it do?

Unity outreach workers practice a holistic and flexible approach to meeting vulnerable youth where they are at. These approaches include:

- Outreach and trauma-informed intensive case-management services.
- Advocacy and support for system navigation and facilitated referrals.
- Support to identify, reunify, develop and/or sustain a positive network of family and/or natural supports.
- One to one support to decrease vulnerability and build life skills in the areas of:
 - Personal safety in everyday street life
 - Accessing resources for mental/physical health, housing and basic needs,
 - Interpersonal and communication skills for healthy relationships
 - Identifying and achieving personal goals
 - Connection to school/employment
 - Increasing hope and optimism for the future.
- Support with youth connecting to housing that is safe and stable that is developmentally and culturally appropriate.

REFERRAL SOURCE

Date of referral:	
Name of individual making the referral:	
Organization/Program referring:	
Referrer’s phone number:	
Referrer’s email address:	

REASON FOR REFERRAL

Please describe youth’s needs for support, current status



Client Information:

Full legal name:

Preferred name/nickname:

Preferred pronoun:

Date of birth:

Best way to contact youth (phone, email, social media)

Contact info (phone number, email)

CFS Involvement? Yes No

If yes, status:

Current housing status? (if varied, check all that apply within the past 30 days)

- Homeless (sleeping rough) Adult homeless shelter
- Living independently in market housing
- in Housing Program Couch-surfing with friends
- Living with parent/guardian Couch-surfing with family (incl. extended)
- Living with boyfriend/girlfriend Couch-surfing with other
- Hospital or treatment facility Corrections/Justice facility

Substance use or addictions issues? (include details re: use, type, frequency)

Physical health or mental health challenges?

Challenges meeting basic needs? (access to food, clothing, shower)

Natural Supports

Does youth have any supportive adults in their life? (including parents, guardians, etc.) Yes No

If yes, name(s) and relationship to youth:

Employment and Education

Is youth currently employed/working? Yes No If yes, name of workplace/company:

If yes, is the work: Casual Part-time Full-time

Is the youth currently in school or job training? (including job training, post-secondary, GED equivalency) Yes No If yes, describe school/job training (including schedule):

Follow-Up – Completed by Unity Staff

Reporter Name: Date referral Sent/ Received by Unity Project:

Date of First Contact by Unity Project: Fit for Unity Project? Yes No Unknown until intake meeting

If no, rationale, details re: additional referrals to other programming