



**Steps Forward Independent Living Program
Transitional Support Services – Intake Questionnaire**

Youth Name:

Youth DOB:

Referral Source:

Guardianship Status:

Referral Worker Name:

Worker Phone #:

This brief questionnaire collects foundational information to help assess the youth's independent living skill level, overall readiness, and determine program fit.

Physical Description

- **Height:**
 - **Weight:**
 - **Eye Color:**
 - **Hair Color:**
 - **DistinctiveMarks/Piercings:**
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Key Contacts

- **Social Worker:**
- **Therapist (Talk and/or Action):**
- **Probation/ISSP:**
- **Lawyer:**



- **Medical Doctor:**
 - **Dentist:**
 - **Biological Family:**
 - **Previous Foster Family (if applicable):**
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Medical Information

- **MHSC / PHIN:**
 - **Social Allowance / Treaty Status:**
 - **Allergies:**
 - **Diagnosis (if any):**
 - **Current Medication(s):**
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Family and Support Relationships

- **Current Relationship with Biological and Foster Families (with contact info):**
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- **Current Support (Purpose and Frequency):**
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Independence & Skills Assessment

- **Independence Goals:**
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- **Skills Already Achieved (e.g. hygiene, shopping, meal prep, budgeting):**

- **Physical Health Concerns (including medications):**

- **Mental Health Concerns (including supports/meds):**

- **History of Suicidal Ideation or Attempts:**

- **Ability to Get Along with Others (youth/staff):**

- **School or Work Participation:**

Personal Profile

- **Hobbies, Interests, and Activities:**

- **Cultural Identity (traditions, customs, practices):**



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- **Religion or Spirituality (including interest or practice):**

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- **Strengths (Successes or Positive Traits):**

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- **Challenges (Areas of Struggle):**
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Justice & Risk Factors

- **Justice System Involvement (current or past):**
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- **Gang Involvement (if applicable):**
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- **Substance Use History or Concerns:**
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Current ID Documentation on File

- **Birth Certificate:**
- **Health Card:**
- **MPI Photo ID:**
- **SIN:**
- **Status Card:**

CLDS Involvement

Is there any current or planned involvement with **Community Living Disability Services (CLDS)**?

Please include name of the **Community Service Worker (CSW)**, planned **transition date from CFS to CLDS**, and any assessments (completed or pending):

Additional Notes

Is there any other information that would assist **Steps Forward** in supporting this youth's transition?

