



## **Steps Forward Independent Living Program**

### **Transitional Support Services – Intake Questionnaire**

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**Youth Name:**

**Youth DOB:**

**Referral Source:**

**Guardianship Status:**

**Referral Worker Name:**

**Worker Phone #:**

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

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#### **Physical Description**

- **Height:**
- **Weight:**
- **Eye Color:**
- **Hair Color:**
- **Distinctive Marks/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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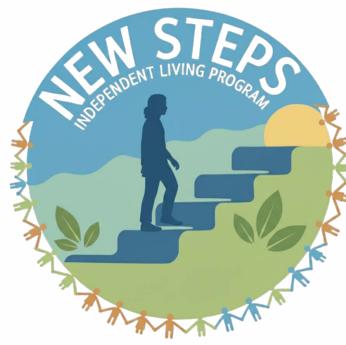
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### **Independence & Skills Assessment**

- **Independence Goals:**

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

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

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

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

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

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- **School or Work Participation:**

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### **Personal Profile**

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

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- **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:**

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### **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):

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### **Additional Notes**

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

