

# YOUTH IN TRANSITION LODGE REFERRAL FORM

Stairways Behavioral Health

YIT Fairweather Lodge

Phone: 814-870-5333

Fax: 814-870-5335



Applicant information	
Name	
Current address	
Phone number	
Gender	
Date of Birth	
Opened or referred to Psych Rehab Services with Stairways	

Referral contact information	
Name	
Agency	
Phone number	

Additional information	
Able to work or any restrictions?	
Current involvement with legal system?	
Source of income?	
History of Homelessness?	
History of substance usage?	
Please list your current support system?	

Admission criteria
<p>Eligibility Criteria:</p> <ul style="list-style-type: none"> <li>Erie County male resident ages 18-26 and diagnosed with a serious mental illness.</li> <li>Homeless or risk of homelessness</li> <li>Interested in learning skills to manage household, finding employment or educational opportunities.</li> <li>Able to care for daily needs and be physically able to participate in activities in the home.</li> <li>Applicant with history of abusing alcohol and/or other drugs will be consider on a case by case basis</li> <li>Able to manage prescribed medication if assistance is required willingness to seek community based services geared to medication management.</li> </ul>

Reason for referral?

What skills/ goals is individual interested in working on?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date