

Bloom House Youth Services Referral Form

Section 1: Referring Agency Information

Person making the referral: Name AND Title

Referring Agency

Phone Number

Email

Agency Address

Section 2: Client Information

Name

Birthdate

Age

Social Security Number

Phone Number

Email or other contact information preferred?

Section 3: Eligibility Information

Bloom House is funded by the Family and Youth Service Bureau, and FYSB's focus is on reducing risks by strengthening families and communities and helping all youth to thrive. Check what eligibility criteria fits your referral's needs from what Bloom House can offer - whether shelter and supportive services, or supportive services only. 'Supportive Services Only' refers to services accessible in the drop-in-center for youth who do not qualify for shelter. Supportive services are: case management, art therapy, life skills education, hygiene supplies, food, laundry, clothing closet, financial assistance for medicine and substance abuse assessments.

Check all that apply for SUPPORTIVE SERVICES ONLY:

- Age is either 14 or older but under 18 years of age*

Youth is considered "at-risk" due to any of the following criteria

- Youth is involved in the criminal justice system
- Youth has runaway from home in the past or is considering doing so currently
- Youth is living with someone other than family of origin
- Youth is housing and/or food insecure
- Youth is living below poverty level and cannot afford basic necessities and/or mental health or medical care
- Youth is having trouble academically/behaviorally and is at risk of dropping out of school
- Youth has dropped out of school
- Youth has been expelled from school
- Youth has a mental illness, disability, or substance use which is contributing to school, social, or home life difficulties
- Youth is a survivor of abuse (includes emotional/psychological), assault (physical or sexual), and/or human trafficking
- Youth is pregnant or parenting
- Youth describes home life as difficult, dangerous, scary, or similar

Note: Youth who are homeless with their family and does not want to enter shelter services alone, may still take part in supportive services.

Check all that apply for BASIC CENTER PROGRAM SHELTER (up to 21 day stay and a year of aftercare)

Age is 16 or 17

Youth fits the criteria outlined in the Runaway and Homeless Youth Act: RHY Act [34 U.S.C. § 11279(3-4)]/RHY Rule (45 CFR § 1351.1) EITHER Runaway youth: An individual under 18 years of age who absents himself or herself from home or place of legal residence without the permission of a parent or legal guardian. OR Homeless youth: An individual who cannot live safely with a parent, legal guardian, or relative, and who has no other safe alternative living arrangement. For the purposes of basic center eligibility, a homeless youth must be less than 18 years of age

- Youth has been kicked out of home by parents/guardians
- Youth is couch-surfing with friends or others
- Youth is sleeping in a place not meant for habitation (example: car, abandoned home, office, other)
- Youth is sleeping on the street
- Youth has runaway from home**
- Youth has been at another shelter and can no longer stay there and will be homeless
- Youth is being evicted from home and will be homeless
- Youth who cannot live safely at home and has no alternative living arrangement

*Bloom House does receive private donations that are earmarked to provide case management, art therapy, food, and hygiene supplies, financial assistance with medicine or substance use assessments to youth 18-24. When these funds are gone, they are gone until we receive more, so please call ahead to inquire if we are able to help a client who is an older youth in this age range. Shelter is never available to youth over 18, as basic center programs funded by FYSB are strictly for youth under 18 years of age.

** Bloom House Procedures relating to runaway youth follow FYSB expectations and Kansas law.

FYSB expectations: Pursuant to guidance set forth in the RHY Act [34 U.S.C. §11212(b)(3)], specific to a Basic Center Program (BCP), grantees must, “develop adequate plans for contacting the parents or other relatives of the youth and ensuring the safe return of the youth according to the best interests of the youth.” RHY Rule [45 CFR § 1351.24(e)]: BCP grantees shall, as soon as feasible and no later than 72 hours of the youth entering the program, contact the parents, legal guardians, or other relatives of each youth, according to the best interests of the youth. If a grantee determines that it is not in the best interest of the client to contact the parents, legal guardian or other relatives of the client, they must (i) inform another adult identified by the child, (ii) document why it is not in the client’s best interest to contact the parent, legal guardian or other relative and (iii) send a copy of the documentation to the regional program specialist for review.

Kansas 2019 Statute, Chapter 38, Article 22, Section 32 subsection C parts 1 and 2, regarding runaway youth:

(c) (1) ”If a person provides shelter to a child whom the person knows is a runaway, such person shall promptly report the child's location either to a law enforcement agency *or* to the child's parent *or* other custodian.” (c) (2) ”If a person reports a runaway's location to a law enforcement agency pursuant to this section and a law enforcement officer of the agency has reasonable grounds to believe that it is in the child's best interests, the child may be allowed to remain in the place where shelter is being provided, subject to subsection (b), in the absence of a court order to the contrary. If the child is allowed to so remain, the law enforcement agency shall promptly notify the secretary of the child's location and circumstances.”

Signature of Referring Person

Signature of Youth Client

Signature of Parent/Guardian
/Responsible party with legal
authority to sign for youth

Date

NOTE: If other than parent or guardian - attach relevant documentation.

Authorization for Data Entry into Clarity

Clarity is the database used by Bloom House Youth Services and the Kansas Board of State Continuum of Care. Information input into Clarity is not available to the public, only agencies registered with Clarity. The Family and Youth Services Bureau (FYSB) requires agencies that receive certain types of funding to use a Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Other funding sources may also require program participation in HMIS. This system is only used by authorized agencies. All persons accessing HMIS and CES have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the continuum's website (<http://www.kshomeless.com>). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to Bloom House Youth Services to collect and enter information into HMIS and CES about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of: 1) Assessing clients' needs to improve assistance and better their current or future situations. 2) Improving the quality of care and services for people in need. 3) Tracking the effectiveness of community efforts to meet the needs of people receiving assistance. 4) Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that CES is shared to improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available by: 1) Allowing for voluntary participation in a Y-SPDAT assessment for admittance to CES which is a critical component of our community's ability to provide the most effective services and housing available. 2) Allowing my information to be shared during case conferencing to assist in finding suitable housing programs, services, and other resources. 3) Not requiring disclosure of specific disabilities or diagnosis and that specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

I understand that I have the right to review my HMIS and CES record with an authorized user and receive a copy of this consent form once I have signed it. I, or my case manager/outreach worker, can be contacted about the information entered into HMIS and CES. All agencies that use HMIS and CES will treat my information with respect and in a professional and confidential manner. Unauthorized people or organizations cannot gain access to my information without my consent. I agree and understand that my data may be transferred from one HMIS system to another for data collection, reporting, or analytics. I acknowledge that auditors or funders who have legal rights to review the work of HMIS and CES may see my information. Signing this release form does not guarantee that I will receive the requested services and it does not guarantee that I will be called for a housing program. I understand that some information provided may need further verification if I am referred to an agency for services. I understand that if I do not sign this form, it will not change whether I can receive services from the agency assisting me and any other participating agencies. However, I would need to contact each agency directly to apply for assistance and for a determination of eligibility. I understand that this authorization shall remain in effect from the date of my signature below. I understand that I may revoke this authorization at any time by notifying the agency in writing.

I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation. For safety reasons, I understand that I may refuse to sign this release form which will allow for my HMIS information and CES assessment to be stored in HMIS without identifying information (first name, last name, date of birth, and ss number) and instead I will be issued an anonymous ID number. I understand that by refusing to store this information in the system that should I be matched to a housing program or supportive services, the agency assisting me must serve as my point of contact for the KS BoS CoC and assist in the coordination of services. Further, if I am unable to participate in a determination of those services or my permission is needed in the future to authorize additional services for a program, my signature below authorizes the agency assisting me with this release to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the agency is hereby authorized to represent me. My signature below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the Coordinated Entry System and the Homeless Management Information System.

Client Signature

Date

Parent / Guardian Signature

Date

Client has refused to sign disclosure. Client may be entered into HMIS without any identifying information and will be issued an anonymous ID number. _____

Staff / Volunteer Signature

BLOOM HOUSE YOUTH SERVICES

Agency

Date