



## **Meryl's Safe Haven's Transitional Youth Empowerment Program**

### **About the Program**

The Meryl's Safe Haven Transitional Youth Empowerment Program aims to provide foster youth between the ages of 18-24 who are experiencing homelessness or on the verge of becoming homeless shelter and resources to transition into housing independence and self-sustainability. Our program is developed to take a holistic approach in addressing barriers to permanent and safe housing while reducing the likelihood of chronic homelessness.

During their time with MSH, program staff will support youth in defining self-sustainability, identify short-term and long-term goals, pursue opportunities of career and/or education, create a foundation of financial stability through savings, then transition into permanent housing. Because all journeys are different, there is no staff with work with youth to create a timeline the aligns with their goals.

The assistance may end at any time if a youth does not comply with services including group reflection and/or investing in themselves through their savings or engages in substance abuse.

The following are the **minimum eligibility requirements** for a youth to be considered for the Meryl's Safe Haven Transitional Youth Empowerment Program:

- Between the ages of 18 – 24 years old
- Is currently (or can prove they were) in state custody through the Department of Children and Families (DCF) as a fostered youth
- Homeless *OR* at high-risk of becoming homeless
- Sober – complete abstinence from drugs, alcohol, and other addictive substances
- Pass a background check clear of violent offenses, weapon charges, and/or sexual offenses

Good candidates for this program:

- Are motivated
- Looking to receive support and open to change
- Interested in living on their own and creating a savings plan



### Referral Form

Date referred: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Gender: \_\_\_\_\_

Youth's Pronouns: \_\_\_\_\_

Youth's DOB: \_\_\_\_\_

Youth's Current Age: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Youth's Ethnicity: \_\_\_\_\_

Provide best form of contact phone and/or email: \_\_\_\_\_

Current living situation: \_\_\_\_\_

Is the youth currently in school or working? \_\_\_\_\_

If yes, where?: \_\_\_\_\_

Referring worker/agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a guardian or adult aware of the referral whom we should be in contact with?: \_\_\_\_\_

If yes, please provide their name and contact information: \_\_\_\_\_

Is there a history of substance use and/or abuse?: \_\_\_\_\_

To your knowledge, does this youth take medication? If so, if accepted into the program, would they need support with the administration of their medication?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your awareness, have they resided in a similar setting before? If so, were there any behavioral concerns?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are other placements being considered? If so, where?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any immediate concerns? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The completion of this referral does not guarantee a youth will be accepted and placed into the program. The completion of this form provides Meryl's Safe Haven the opportunity to be aware and contact the referred or referrer to schedule an intake. Additionally, in the event space is not available MSH staff will make great effort to make connection with youth or the referrer to provide other resources when possible until there is program space available.

If a youth moves into the intake process, contact will be made to schedule time with MSH staff and discuss necessary documentation.

Referrals can be emailed or returned to:

Meryl's Safe Haven  
P.O. Box 20363  
Worcester, MA 01602  
[info@meryllsafehaven.com](mailto:info@meryllsafehaven.com)