

YOUTH REFERRAL FORM NEXT LEVEL INDEPENDENT LIVING PLUS PROGRAM

Date of Referral: _____
 Referring Agency & County: _____
 Worker Name: _____
 Worker Email: _____ Worker Ph#: _____

YOUTH INFORMATION:

Legal Name (First, Middle, Last): _____
 Preferred Name: _____ Biological Gender: _____
 Preferred Pronouns: She/Her He/Him They/Them Other: _____

DEMOGRAPHICS:

Foster Parent or Group Home Name: _____
 City: _____ How long at this placement: _____
 Age @ referral: _____
 Current Placement Type: Foster Home _____ Independent _____ Residential _____ Detention _____

FOSTER CARE INFORMATION:

Legal Status: TCW _____ MCI _____ PCW _____ JJ Only _____ Dual Ward _____ YAVFC (not eligible) _____
 Current Permanency Goal: Reunification _____ Adoption _____ Guardianship _____ APPLA _____
 Total Length of Time in Foster Care: _____ Parental Rights Terminated? Yes _____ No _____
 Current Parenting Time or Sibling Visit Expectations: _____

EDUCATIONAL INFORMATION:

Is the Youth Enrolled in an Educational Program? Yes _____ No _____ Current Grade Level: _____
 Name & Location of School: _____
 Does the Youth have an IEP? Yes _____ No _____ Does the Youth have a 504 Plan? Yes _____ No _____

WORK EXPERIENCE:

Does the youth have a history of working or volunteering? Yes _____ No _____

COURT:

Does your N/A court allow virtual caseworker & youth participation? Yes _____ No _____

JUVENILE JUSTICE INVOLVEMENT:

Does the Youth Have any Current or Pending Criminal Charges? Yes _____ No _____
 Does the Youth Have a Probation Officer? Yes _____ No _____ If yes, what county: _____

Return Form to ILP@cfs3L.org

THIS SECTION FOR ILP STAFF USE ONLY

Date Referral Received: _____ Date of CFS Contact with Referring Worker: _____
 Method of Contact: Email _____ Phone _____ Other _____