Child & Family Services of Northwestern Michigan

www.cfsnwmi.org

Support in times of challenge, crisis, and life transition

YOUTH SUPPLEMENTAL INTAKE FORM
NEXT LEVEL INDEPENDENT LIVING PLUS PROGRAM

****

Date of Referral:_____

Worker Name:_____

Worker Email:_____

Worker Phone:_____

YOUTH INFORMATION:

Legal Name (First, Middle, Last):

_____

The application for is not considered complete until the following documents are included:

- Independent Living Plus Program Referral (DHHS-6093)
- ISP/USP/PWSP (Last 3)
- Parent/Agency Treatment Plans (Last 3)
- Court Reports (last six (6) months)
- Most recent Physical Exam
- Most recent Dental Exam
- Most recent Trauma Screen
- Trauma Assessment (if applicable)
- Casey Lifeskills Assessment(s) and results
- Most recent Medication Review (if applicable)
- Psychological Evaluation (if applicable)
- Mental Health Records from the last (6) months
  ☐ *No Records Exist* ☐ *No participation in services*
- All incident reports from the last six (6) months
  ☐ *Check Box if No Reports exist*
- Progress reports and discharge documents from residential settings (if applicable)
  ☐ *Check Box if No Reports exist*
- Hospitalization records (if applicable)
  ☐ *Check Box if No Reports exist*

An interview may be scheduled after a thorough review of the documentation provided. All youth being considered for admittance after documentation review must participate in an interview (virtual or in person). Decision about acceptance or denial will be communicated to the referring worker, typically within 3 business days after completion of the interview or prior if denial is based on documentation.

Tours are available prior to the youth being admitted to assist them in making a decision about coming to the Next Level Program.

Please return all paperwork 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_____