|  |  |
| --- | --- |
| **[ ]**  | **Independent Living Class** |
| **[ ]**  | **Chafee Room/Board** |

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

# Independent Living Referral Form

**Name: SSN:**

**Date of Birth: AGE:**

**Youth Commitment:** **[ ]  DCBS** **[ ]  DJJ**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Has the State or Federal court adjudicated youth as delinquent?** **[ ] Yes** **[ ]  No**

**Has youth received foster care from another state?** **[ ]  Yes** **[ ] No**

**Placement Contact:**

**Address of Placement:**

**Phone Number:**

**TWIST #:**

**School-Grade:**

**Employed?**

**Special Needs?**

**Strengths?**

**DCBS/DJJ Worker:**

**Worker Phone:**

**Worker Fax/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source:**

**Referral Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail To:**

**ILC Name**

**Office**

Attach a copy of youth’s **most recent treatment plan** and **placement log** to this referral form, and send all three to the Independent Living Coordinator in your region.

**Mailing Address**

**City, State, Zip**

**Fax:**

**Email:**