**DMCPS Supervised Independent Living (SIL) Placement Referral**

This document is to be used when a Case Management team determines that a Supervised Independent Living placement is appropriate for a youth. Please see page 2 for information regarding placement criteria and referral documentation requirements. Personal information provided may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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| **Case Management Information** |
| Date of Referral      | Date SIL Placement Requested by      | Case Management Agency[ ]  Children’s Wisconsin [ ]  Wellpoint Care Network |
| Case Manager Name      | Case Manager Telephone      |
| Case Manager Email      |
| Supervisor Name      | Supervisor Telephone      |
| Supervisor Email      |
| **Youth/Family Information** |
| Family eWiSACWIS Number      | Child’s eWiSACWIS Number      |
| Youth Name      | Youth Age     | Youth Birthdate       |
| Youth Address (Street, City, State, Zip Code)      | Youth Telephone Number      |
| Youth Email Address       |
| Current Court Order Type[ ]  CHIPS [ ]  CHIPS/JIPS [ ]  TPC | CHIPS Court Order Expiration Date      | If applicable, JIPS Order Expiration Date      |
| Current Placement Name      | Current Placement Telephone      |
| Current Placement Type      |
| **Narrative Information** |
| Describe the youth’s current functioning, including information on medical and behavioral health, school engagement, employment, and any additional information deemed necessary for case planning. Describe all of the services the youth is receiving. Describe the youth’s strengths and interests. If the youth is receiving Wraparound Services, describe the plan to remove Wraparound from the court order.      |
| **“At Risk” Screen** |
| The below information will be used in planning for the youth:[ ]  Domestic Violence[ ]  History[ ]  Suspicion[ ]  Risk [ ]  Human Trafficking (Check any of the below areas that apply to the youth)[ ]  Youth has traveled out of the area/to somewhere out of the ordinary or unusual for the youth without caregiver permission and/or knowledge.[ ]  Youth has a history of physical or sexual abuse[ ]  Youth has family/friends who have been or are currently involved in the commercial sex industry [ ]  Reports by youth or adults that the youth has a history of multiple sexual partners[ ]  Youth has possession of money, electronics, or other material items that are unexplained, unusual, or out of the ordinary for that youth[ ]  Youth has sexually explicit pictures of themselves that may or may not be on the internet[ ]  Youth has an older boyfriend/girlfriend/partner, or is unwilling to provide information about the sex partner[ ]  Youth has a history of sexually transmitted infections and/or pregnancies[ ]  Youth has a history of school truancy[ ]  Youth gang affiliation is reported, confirmed, or suspected[ ]  Youth chronically missing from care where the youth cannot be located |

**Criteria for Placement of Youth in SIL**

* Youth aged 17 or older with a CHIPS Order and an out-of-home care placement.
	+ NOTE: youth can be referred to SIL beginning at age 16 and 9 months

**Submission of Referrals**

Submit the completed referral to your supervisor for authorization. The designated individual at each ongoing agency will submit completed referrals to all contacts:

* **Wellpoint Care Network,** **SIL@wellpointcare.org**
* **DMCPS Independent Living,** **dcfdmcpsindependentliving@wisconsin.gov**

**Documentation of Referrals**

The case manager is responsible for documenting the submission of the SIL referral in a case note in eWiSACWIS. This case note should include reasons for SIL referral, date staffing occurred with supervisor about appropriateness of SIL placement, and date conversation occurred with the youth and/or parents/guardians. This referral should also be uploaded by the case manager to the youth’s IL page in eWiSACWIS.