

# REFERRAL FOR INDEPENDENT LIVING SKILLS PROGRAM

This program is designed to teach independent living skills and provide job experience for youth 16 and up in substitute care placement.

**Referral Date:**

**Worker's Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Caretaker:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Placement in Substitute Care and Start Date:** \_\_\_\_\_

**Name of Current School:** \_\_\_\_\_ **Grade, Number of Credits Earned, Attendance and General Assessment:** \_\_\_\_\_

**Social Adjustment of Child:** \_\_\_\_\_

**Special Needs or Concerns:** \_\_\_\_\_

**Plan for Youth After Age 15:** \_\_\_\_\_

**Specific Concerns Relating to Independent Living, i.e., Budgeting, Housing, Employment, etc.** \_\_\_\_\_

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Return to:**  
**Attention:**