

REFERRAL FOR INDEPENDENT LIVING SKILLS PROGRAM

This program is designed to teach independent living skills and provide job experience for youth 15 and up in substitute care placement.

Referral Date (mm/dd/yyyy)		eWiSAWIS Case Number	
Name - Worker	Site - Worker	Telephone Number - Worker	
Name - Child		Birthdate - Child	Social Security Number - Child

PLACEMENT

Name - Caretaker		Relationship	
Address - Caretaker			Telephone Number - Caretaker
Start Date Substitute Care (mm/dd/yyyy)	Number of Placements	Date of Current Placement	
Reason for Placement in Substitute Care			

EVALUATION

Name - Current School		Grade	Number of Credits Earned
Performance and General Adjustment			
Anticipated Graduation Date (mm/dd/yyyy)		Education Goal	
Completed Educational / Vocational Assessment			
Date of Assessment (mm/dd/yyyy)		Name - Agency Completing Assessment	

EMPLOYMENT

Name - Current Employer		Estimated Hourly Rate	Number of Hours Worked per Week
Social Adjustment of Child			
Special Needs or Concerns			

PSYCHOLOGICAL / MENTAL HEALTH

<input type="checkbox"/> Yes <input type="checkbox"/> No Completed Psychological / Mental Health Assessment within last 3 years?	
Date of Assessment (mm/dd/yyyy)	Name - Agency Completing Assessment
Need for Additional Assessments	

PLACEMENT

Expected Date of Independent Living (mm/dd/yyyy)	Expected Date of Closure with Agency (mm/dd/yyyy)
--	---

Specific Concerns Relating to Independent Living (i.e. Budgeting, Housing, Employment, etc.)

Opportunities to Learn Independent Living Skills in Current Placement

SIGNATURES

Name - Worker



Signature - Worker

Date Signed (mm/dd/yyyy)



Name - Supervisor

Signature - Supervisor

Date Signed (mm/dd/yyyy)

Return to:

Attention:

