**THIS SECTION FOR ILP STAFF USE ONLY**

Date of Initial ILP Contact: Date Referral Received:

Method of Contact: In Person Letter Phone Other

Date of Referral: Case Name:

# GENERAL INFORMATION ABOUT YOUTH BEING REFERRED/ DEMOGRAPHICS:

1) Youth’s Name:

2) Address:

3) Foster Parent or Group Home Name:

Phone Number:

4) Youth’s DOB: Youth’s Current Age:

5) Social Security Number:

6) Sex: Male \_\_\_\_\_\_\_Female

7) Race: \_\_\_\_\_\_\_Black \_\_\_\_\_\_\_White \_\_\_\_\_\_\_Hispanic \_\_\_\_\_\_\_Asian

\_\_\_\_\_\_\_Native American \_\_\_\_\_\_\_Other (Specify):

8) Current Living Status: \_\_\_\_\_\_\_\_ Foster Home \_\_\_\_\_\_\_\_ Independent

\_\_\_\_\_\_\_\_ Group Home \_\_\_\_\_\_\_\_ Institution \_\_\_\_\_\_\_\_ Other Arrangement

9) Eligibility Category: \_\_\_\_\_\_\_\_IV-E \_\_\_\_\_\_\_\_Non IV-E

10) County of Jurisdiction:

11) County of current Residence:

12) **Family Care Counselor Name & Phone Number**:

13) Is The Referred Youth a Parent? If Yes, How Many Children? And Ages Is/Are the child/children with the youth?\_\_\_\_\_\_\_\_\_\_\_

# FOSTER CARE SERVICE INFORMATION:

1. Current Legal Status:
2. Current Permanency Goal: Reunification Adoption Permanent Guardianship APPLA

3) Length of Time in Current Placement:

1. Total Length of Time in Foster Care:
2. Have Parental Rights been Terminated? Yes No
3. Name and Phone Number of Guardian Ad Litem, if appointed:

# EDUCATIONAL INFORMATION:

1. Is the Youth Enrolled in an Educational Program?\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No
2. Name and Address of Program/School:
3. Current Grade:
4. Does the Youth have and Individual Education Plan? Yes No
5. Anticipated Date of Graduation:

# WORK EXPERIENCE:

# 1) Is the Youth Currently Employed? Yes No

2) Length of Employment and Type of Work Experience (Include full and part-time employment, plus volunteer work):

# JUVENILE JUSTICE INVOLVEMENT:

1) Does the Youth Have any Pending Charges? Yes No

2) Does the Youth Have a Probation Officer? Yes No

If Yes, Name & Phone Number:

# SUBMISSION OF THIS FORM:

Please attach this form with a completed Service Referral Form and submit both forms to your Family Services Facilitator for further processing and approval.