

# Independent Living Referral

Youth's Name (14 years or older): \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Name of Family, Relative or Placement: \_\_\_\_\_

Youth's Current Address: \_\_\_\_\_

Youth's Current Phone Number: \_\_\_\_\_

Court Adjudication:  Dependent  Delinquent  Both  N/A

Youth's Current Living Arrangement:

In Home  Agency Foster Home  Relatives Home  Group Home

Institution  Shelter  Purchased Foster Home

Other \_\_\_\_\_

Youth's Current Grade Level: \_\_\_\_\_ Name of School: \_\_\_\_\_

Youth's Current School Status:

Regular Education  Special Education  Partial Program  Alternative Education

Home School  Drop Out  GED Program  Other \_\_\_\_\_

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Date Referral Received: \_\_\_\_\_

Date Assessment Completed: \_\_\_\_\_

Date that IL Services Started: \_\_\_\_\_