**EXTENDED FOSTER CARE REFERRAL FORM**

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| **REFERRAL INFORMATION**  |
| Date of Referral:              | Young Adult Name:        | Date of Birth/Age:        |
| Gender Identity:        | Race:        | Hispanic: Y [ ]  N [ ]  | TIPS#:        | SSN:        |
| Current Address:        Parish of Residence:       | Telephone #:        | Email Address:          | Member of a Federally Recognized Tribe? [ ]  Yes [ ]  NoLegal US Citizen? [ ]  Yes [ ]  No |
| Has the young adult been enrolled in EFC previously? [ ]  Yes [ ]  No Does the young adult receive SSI? [ ]  Yes/Amount $      [ ]  No Does the young adult qualify for OCDD services? [ ]  Yes [ ]  No (If yes, attach Statement of Approval)Does the young adult currently receive OCDD services? [ ]  Yes [ ]  No |
| Referral Regarding (please select one) [ ]  Extended Foster Care (if checked please answer): [ ]  Currently in Foster Care [ ]  Not Currently in Foster Care, Date of Exit        |
| Court of Jurisdiction:       Docket #:       Has the 17 year old court report been submitted to the court? [ ]  Yes [ ]  No (If yes, attach court report) |

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| **REFERRING WORKER INFORMATION**  |  |
| Referring DCFS Worker:       Worker’s Contact Number:       Parish and Region:       Office Number:       Worker TIPS#:        | Referring DCFS Supervisor:       Supervisor’s Contact Number:         |

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| **ELIGIBILITY (check all that apply)** |
| [ ]  Adjudicated CINC[ ]  Aged out of foster care on 18th birthday[ ]  Under age 21[ ]  Completing secondary education or program leading to an equivalent credential [ ]  Enrolled in an institution that provides postsecondary or vocational education[ ]  Participating in a program or activity designed to promote employment or remove barriers[ ]  Employed at least 8- hours per month[ ]  Incapable of doing any part of the activities listed above due to a medically documented medical condition |

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| **EDUCATIONAL PROGRAM**  |
| Name of School/HiSet/GED Program:       If in school, currently assigned grade level:       Anticipated Date of Graduation/Completion:       Enrollment Verification: [ ]  Attached [ ]  Pending  |

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| **CURRENT LIVING ARRANGEMENT (select one)**  | **PLACEMENT PROVIDER INFORMATION**  |
| [ ]   |  On Own | [ ]   |  PRTF [ ]  Treatment Facility | Provider Name:        | Provider Number:        |
| [ ]   |  Relative  | [ ]   |  Shelter  |   |   |
| [ ]   |  Foster Parent  | [ ]   |  Homeless  | Provider Address:        |  |
| [ ]   |  TLP  | [ ]   |  TFC  |   |  |
| [ ]   |  Residential  | [ ]   |  Host Home  | Provider Region:        |  |
| [ ]   |  Fictive Kin  | [ ]   |  With Roommates  | Provider Phone:       Can the youth remain in this placement for the next six months?[ ]  YES [ ]  NO  |
| **IMMEDIATE NEEDS OF THE YOUTH**  |
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| **YOUTH’S PLAN FOR TRANSITION:** |
| What does the youth want to do or plan live with when they turn 18?      |

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**Please check all applicable:**

[ ]  **Developmental Disability or Mental Retardation**

Current Diagnosis:       [ ]  Unknown

Current Medical Provider:

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| [ ]  **Serious Mental Health Issues**: ([ ]  Suicidal Ideation  | [ ]  Suicidal Attempt  | [ ]  History of Cutting)  |
| Current Diagnosis:        Current Medical Provider:       [ ]  **Delinquency/Criminal Behavior**  | [ ]  Unknown  |  |  |
|  [ ]  History within 3 years Brief Description:        [ ]  **Current Drug/Alcohol Abuse**  | [ ]  History within 1 year  | [ ]  Acute - history within 60 days  | [ ]  Unknown  |
|  [ ]  History within 3 years Brief Description:        [ ]  **History of Physical Violence**   | [ ]  History within 1 year  | [ ]  Acute- history within 60 days  | [ ]  Unknown  |
|  [ ]  History within 3 years Brief Description:         | [ ]  History within 1 year  | [ ]  Acute- history within 60 days  | [ ]  Unknown  |
| [ ]  **Victim of Human Trafficking:** (Confirmed [ ]  Suspected [ ] )  |
|  [ ]  History within 3 years [ ]  History within 1 year  | [ ]  Acute- history within 60 days  | [ ]  Unknown  |

Brief Description:

For Use by LifeSet Supervisor Approver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Approved for EFC with LifeSet

 [ ]  Approved for EFC without LifeSet Date: \_\_\_     \_\_\_\_\_\_\_\_ [ ]  Not Accepted into EFC

 Reason:

Transfer date and time: