

EXTENDED FOSTER CARE REFERRAL FORM

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

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

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

EDUCATIONAL PROGRAM
Name of School/HiSet/GED Program: If in school, currently assigned grade level: Anticipated Date of Graduation/Completion: Enrollment Verification: <input type="checkbox"/> Attached <input type="checkbox"/> Pending

CURRENT LIVING ARRANGEMENT (select one)	PLACEMENT PROVIDER INFORMATION
<input type="checkbox"/> On Own <input type="checkbox"/> PRTF <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Relative <input type="checkbox"/> Shelter <input type="checkbox"/> Foster Parent <input type="checkbox"/> Homeless <input type="checkbox"/> TLP <input type="checkbox"/> TFC <input type="checkbox"/> Residential <input type="checkbox"/> Host Home	Provider Name: Provider Number: Provider Address: Provider Region:

<input type="checkbox"/> Fictive Kin <input type="checkbox"/> With Roommates	Provider Phone: _____ Can the youth remain in this placement for the next six months? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IMMEDIATE NEEDS OF THE YOUTH

YOUTH'S PLAN FOR TRANSITION:

What does the youth want to do or plan live with when they turn 18?

Please check all applicable:

Developmental Disability or Mental Retardation

Current Diagnosis: Unknown
 Current Medical Provider: _____

Serious Mental Health Issues: Suicidal Ideation Suicidal Attempt History of Cutting)

Current Diagnosis: Unknown
 Current Medical Provider: _____

Delinquency/Criminal Behavior

History within 3 years History within 1 year Acute - history within 60 days Unknown
 Brief Description: _____

Current Drug/Alcohol Abuse

History within 3 years History within 1 year Acute- history within 60 days Unknown
 Brief Description: _____

History of Physical Violence

History within 3 years History within 1 year Acute- history within 60 days Unknown
 Brief Description: _____

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

Approved for EFC with LifeSet

Approved for EFC without LifeSet

Not Accepted into EFC

Reason: _____

Approver Signature: _____

Date: _____

Transfer date and time: _____