ALAMEDA COUNTY ILP REFERRAL FORM

**All referrals MUST be accompanied by the youth’s current T.I.L.P.**

**and a copy of IEP (if applicable) in-order to be processed.**

**Any referral without this *complete* information will be returned UNPROCESSED!**

**Please fill out one (1) referral per eligible minor (age 14-20 1/2).**

**Return COMPLETED FORM to: ILP/North/ ILP South QIC 23401, (510) 667-7696, Fax (510) 667-7679**

**e-mail to info@alamedacountyilp.org**

March 17, 2017

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| --- |
| NAME OF MINOR |
| ILP REFERRAL DATE |

## MINOR’S CURRENT ADDRESS:

CITY  STATE  ZIP CODE EMAIL ADDRESS

AREA CODE & TELEPHONE #  SEX: MALE  FEMALE

MINOR’S SOCIAL SECURITY #  D.O.B.  AGE

TYPE OF PLACEMENT (check One) FOSTER HOME  FFA  KINSHIP

GUARDIAN  GROUP HOME  FAMILY MAINTENANCE

CARETAKER/ FACILITY NAME

IS MINOR A PARENT? YES  NO  CHILD’S NAME  D.O.B.  AGE

IS MINOR IN THERAPY? YES  NO  THERAPIST’S NAME  PHONE

IS MINOR IN SCHOOL? YES  NO  NAME OF SCHOOL

GRADE LEVEL  G.P.A.  EXPECTED GRADUATION DATE

SPECIAL EDUCATION NEEDS? YES  NO  (IEP REQUIRED W/ REFERRAL)

EXPECTED DATE OF DISMISSAL

IS MINOR CURRENTLY EMPLOYED? YES  NO

EMPLOYER’S NAME

NAME OF CHILD WELFARE WORKER  WKR #  PHONE#  QIC

EMAIL ADDRESS

Please give a brief description of minor’s interests, strengths, and skills. Also include any concerns you have in regards to this youth participating in the ILS Program.