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.