



ALAMEDA COUNTY
INDEPENDENT LIVING
PROGRAM

Request for Service & Eligibility Form

COMPLETE THIS FORM IF YOUTH'S INFORMATION IS NOT UPDATED IN APRICOT.

Initial Contact Staff: _____

Initial Contact Date: ____/____/____

Walk-in: Phone: CFT:

Where did you learn about B:E?: _____

PARTICIPANT INFORMATION FOR ELIGIBILITY

Legal Name: _____ Age: ____ DOB: _____

Indicate all possible last names

Do you have another name you prefer? _____ Pronoun: He / She / They / Other _____

Have you ever been in foster care or a group home? Y ___ N ___

Housing: Do you have a safe place to stay? Y ___ N ___ Where are you living right now? (circle):

Foster Home / Group Home / Out of Home Placement / Apartment / Shelter / Homeless (Car or Couch Surfing)

Other: _____ Home _____ Group Home/Placement Name (if applicable): _____

Street Address: _____ City: Newark State: ____ Zip: _____

Mailing Address: Same / or Mail to: Street: _____ City: _____ State: ____ Zip: _____

Best way(s) to contact you? (Circle all preferred ways): Home Phone / Call Cell / Text Cell / Email

Notes: _____ Cell: _____ Text? Y ___ N ___

Youth Home Phone: _____ Email: _____

CWW Name: _____ Cell # _____ Office #: _____

PO Name: _____ Cell# _____ Office #: _____

Support Person: _____ Relationship: _____ Cell #: _____

Do we have your consent to contact these people, and share what services you can access with them? Y ___ N ___

What were you hoping to get support with (check all that apply)?

B:E provides resources for housing ____, education ____, employment ____, and health & wellness ____.

Notes: _____

Do you have any urgent safety needs? No: ___ Yes: _____

Do we have your permission to check what services you are eligible for? Yes / No

Social Security # (last four numbers): _____

We will check what is available to you, and get back to you in the next two days!

Thank you for your time and interest.

(Check if immediate eligibility is available.)

Provide any resources relevant at this time.

B:E Coaches, Administrative:

- 1) Enter this form information in "New Person" in Apricot,
- 2) Create progress note, and
- 3) Place paper copy in box "Completed Intakes" behind Laweka for participant coach assignment.

To be completed by Eligibility Specialist:

What is this youth Eligible for?

ILP Eligible: yes ___ no ___

THP+ Eligible (former care 18+): yes ___ no ___

B2B Eligible: yes ___ no ___

Non Minor Dependent (18-21): yes ___ no ___ by ___

Date Checked: _____ **Staff Initials:** _____

Primary Case Manager in Apricot _____

Date Assigned and Coach Notified ____/____/____

Youth notified of B:E services/Invited for Intake (date): ____/____/____

Check if WOD/Information and Referral (I&R) only: ___

Reason I&R: Over 24 ___ Not foster/probation ___ Other ___

Youth notified of Referral Services (date): ____/____/____

General Eligibility Notes:

Client ID: _____

State I.D./FCIS# _____

SSA Number _____

Signature:

Email: