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| * Referrals can be made directly to your local Youth Development Coordinator (YDC) or YDP office. Visit [vtyouthdevelopmentprogram.org](file:///\\192.168.42.253\WCYSB%20Office%20Management\Christine\KARENA%20work%20Folder\2021%20YDP%20State%20Forms\vtyouthdevelopmentprogram.org) for contact information. * Email [YDP@wcysb.org](mailto:YDP@wcysb.org) if you have questions about this referral or the program in general. |

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| **DATE OF REFERAL:** Date |

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| **REFERRAL SOURCE** | | |
| **Name:** | **Relationship:** | **Contact information:** |

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| **YOUTH INFORMATION** | |
| **Legal Name:** | **DOB:** |
| **Preferred Name:** | **SSN #:** |
| **Address:** | **Medicaid #:** |
| **Email:** | **Phone:** |

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| **DCF INFORMATION** | |
| **Family Services Worker:** | **Family/Child #:** |
| **District:** | **Email:** |
| **Date of entry into DCF custody:** | **Date of discharge:** |

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| **FOSTER PARENT/ADULT LIVING PARTNER/ GUARDIAN** |
| **Name:** |
| **Address:** |

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| **RESIDENTIAL PROGRAM** | | | | |
| **Agency:** |  | **Point person:** |  | |
| **Address:** |  | **Phone:** | | **E-Mail:** |

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| **REFERRAL DETAILS** | |
| **How YDP can help:** | |
| **Strengths, skills, and interests:** | |
| **Any known barriers to participating in YDP:** |  |
| **Accessibility needs** *(Interpreter, accessible room, etc.):* | |

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| **HOUSING** | |
| **Current living situation:** |  |
| **Safety concerns in the home** *(e.g. pets, firearms, etc.)***:** |  |

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| **EDUCATION** | | | |
|  | **Yes** | **No** | **If yes, detail here** |
| **Currently enrolled?** |  |  |  |
| **IEP/504 Plan:** |  |  |  |
| **School name and address:** | | | |
| **Expected graduation/program completion date:** | | | |

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| **EMPLOYMENT** | | | |
|  | **Yes** | **No** | **If yes, detail here** |
| **Currently employed** |  |  |  |
| **Military enlisted** |  |  |  |

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| **MEDICAL INFORMATION** | | |
| **Health insurance:** |  | |
| **Special health needs:** |  | |
| **Current providers** *(medical and dental, mental health)***:** | | |
| **Current medications:** |  | |
| **Mental health diagnoses:** |  | |
| **Pregnant or Parenting**: | Yes No | |
|  | | |
| **LEGAL** | | |
| **Past or present involvement with law enforcement, probation, court diversion, or incarceration:** | |  |

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| --- | --- | --- | --- |
| **TRANSPORTATION** | | | |
|  | **Yes** | **No** | **If yes, detail here** |
| **Permit/license:** |  |  |  |
| **Vehicle:** |  |  |  |

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| **SUPPORT SERVICES RECEIVED** | | | |
|  | **Yes** | **No** | **If yes, detail here** |
| **COUNSELING:** |  |  |  |
| **Voc Rehab:** |  |  |  |
| **Department of Labor:** |  |  |  |
| **VSAC:** |  |  |  |
| **VSAC:** |  |  |  |
| **Economic Services:** |  |  |  |
| **Other:** |  | | |