

INDEPENDENT LIVING SERVICES REFERRAL FORM

Date of Referral:		Social Worker:		Phone:	
Office:	Office Address:			E-mail Address:	
City:				State	Zip:
Name of Youth (full legal name):				Preferred Name:	
DOB:	Age:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity/Race:
DCFS Case:		Person ID #	Primary Language:		
Residing with:			Type of care: (e.g. foster, relative, BRS group care, BRS-TFC etc.)		
Address:			City:	Zip:	
Phone:		Legal Status: <input type="checkbox"/> Dependent <input type="checkbox"/> Dependency Guardianship <input type="checkbox"/> Legally Free <input type="checkbox"/> Other:			
Youth's strengths & positive attributes:					

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adjudicated Delinquency | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Medical Concerns |
| <input type="checkbox"/> Adjudicated Sex Offender | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Current Probation/Parole | <input type="checkbox"/> Suicidal behavior | <input type="checkbox"/> Pregnant /Parenting |
| <input type="checkbox"/> Sexual behavior problems | <input type="checkbox"/> Physically Aggressive | <input type="checkbox"/> Running Behavior |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Special Education | <input type="checkbox"/> Other |

- If DD checked: DD eligible non-eligible unknown

Please provide additional information on any of the above issues that are checked:
--

OTHER AGENCIES OR SUPPORT PERSONS INVOLVED WITH THE YOUTH

Name of Agency/Provider	Name	Phone Number

Is the youth attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:		
Name of School:		
Address:	City:	Zip:
Phone #:	Grade:	
Is the youth receiving special services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?		
Is the youth employed? <input type="checkbox"/> Yes If yes, where? <input type="checkbox"/> No For how long?		
Please provide other information that you think will be helpful to this youth's success in the ILS program:		

Youth should be referred to the Independent Living Program in the region where they reside. Please contact your local IL Coordinator for information about referrals to other regions.

Eligibility for ILP: Youth are eligible if:

- Youth is at least 15 years old and has not yet reached his/her 18th birthday and is currently a dependent and in the legal custody of the state **OR**
- Youth is at least 15 years old and has not yet reached his/her 18th birthday and is currently in Tribal out-of-home care.

Continuing eligibility: Youth previously eligible for ILS services for at least 6 months will retain their eligibility until their 18th birthday provided that one of the following events has occurred:

- Youth is adopted on or after his/her 16th birthday.
- Youth is placed in a third party guardianship/custody on or after his/her 16th birthday.

Non-Eligibility:

- Youth who are under a voluntary placement agreement (VPA).
- Youth under a CHINS petition are not eligible for ILS services.