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| * Referrals can be made directly to your local Youth Development Coordinator (YDC) or YDP office. Visit [vtyouthdevelopmentprogram.org](file:///%5C%5C192.168.42.253%5CWCYSB%20Office%20Management%5CChristine%5CKARENA%20work%20Folder%5C2021%20YDP%20State%20Forms%5Cvtyouthdevelopmentprogram.org) for contact information.
* Email 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  |
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| **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:** |   |