



Youth Development Program REFERRAL

Youth Name:	Date of Referral:
D.O.B.:	DCF Family #:
S.S.N.:	Medicaid UID:
Address:	
Phone/Contact #:	Email address:

Referral Source:	Phone/email:
DCF Case Worker:	DCF District:
Date of DCF Custody:	DCF Discharge Date:

Reason for Referral:

- | | | |
|--|---|--|
| <input type="checkbox"/> Life Skills Assessment | <input type="checkbox"/> Extended Care | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Identification and Development of Permanent Connections | <input type="checkbox"/> Case management | <input type="checkbox"/> Applying to College/Financial Aid |
| <input type="checkbox"/> Individual Life Skills Instruction | <input type="checkbox"/> Life Skills Groups | <input type="checkbox"/> Community referrals |
| <input type="checkbox"/> Other _____ | | |

Housing:

Youth's current living situation:
Short-term and long-term housing related goals:

Education:

Currently enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School name and address:		
GED/HS Diploma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IEP/504 Plan:		
Education surrogate:		
Guidance counselor/advisor:		
VSAC:		
Short-term and long-term education related goals:		



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Employment:

Currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where?		
Supervisor:		
Since:		
Hours per week:		
Short-term and long-term employment related goals:		

Medical Information:

Health Insurance:	
Special health needs:	
Mental health diagnosis:	
Current medication:	
Prescribing doctor:	
Phone:	
Counselor/therapist:	
Dental care:	
Pregnant or parenting:	

Legal:

Past or present involvement with law enforcement, probation, or court diversion:	
Probation Officer and Phone #:	

Transportation:

Driver's license/permit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's education:		



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Future plans/interests/skills/strengths:

Any known **challenges, difficulties, triggers, trauma, significant information, or barriers** to youth participation in the program:

Please describe your **expectations for Youth Development Program involvement** and activities.

Please submit completed referral form with this youth's most recent case plan to referrals@spectrumvt.org.