



Youth Development Program REFERRAL

Referrals can be made directly to your local Youth Development Coordinator (YDC) or YDP office. Visit www.vtyouthdevelopmentprogram.org for contact information.
Email referrals@spectrumvt.org if you have questions about this referral or the program in general.

DATE OF REFERRAL:

REFERRAL SOURCE

Name:

Relationship:

Contact information:

YOUTH INFORMATION

Preferred Pronouns:

Legal Name:

DOB:

Preferred Name:

SSN #:

Address:

Medicaid #:

Email:

Phone:

DCF INFORMATION

Family Services Worker:

Family/Child #:

District:

Email:

Date of entry into DCF custody:

Date of discharge:

FOSTER PARENT/ADULT LIVING PARTNER/ GUARDIAN

Name:

Address:

RESIDENTIAL PROGRAM

Agency:

Point person:

Address:

Phone:

E-Mail:

REFERRAL DETAILS

How YDP can help:

Strengths, skills, and interests:

Any known barriers to participating in YDP:

Accessibility needs (*Interpreter, accessible room, etc.*):

HOUSING

Current living situation:

Safety concerns in the home (*e.g. pets, firearms, etc.*):



Youth Development Program
REFERRAL

EDUCATION		
YES	NO	If yes, detail here
Currently enrolled?		
IEP/504 Plan:		
School name and address:		
Expected graduation/program completion date:		

EMPLOYMENT		
YES	NO	
Currently employed		
Military enlisted		

MEDICAL INFORMATION		
Health insurance:		
Special health needs:		
Current providers <i>(medical and dental, mental health)</i> :		
Current medications:		
Mental health diagnoses:		
Pregnant or Parenting:	YES	NO

LEGAL
Past or present involvement with law enforcement, probation, court diversion, or incarceration:

TRANSPORTATION		
YES	NO	If yes, detail here
Permit/license:		
Vehicle:		

SUPPORT SERVICES RECEIVED		
YES	NO	If yes, detail here
COUNSELING:		
Voc Rehab:		
Department of Labor:		
VSAC:		
VSAC:		
Economic Services:		
Other:		