



# Youth Development Program REFERRAL

Referrals can be made directly to your local Youth Development Coordinator (YDC) or YDP office. Visit [www.vtyouthdevelopmentprogram.org](http://www.vtyouthdevelopmentprogram.org) for contact information.  
Email [referrals@spectrumvt.org](mailto: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:		