



**CAREER ADVANCEMENT/EMPLOYMENT FOR FOSTER YOUTH
DCFS UNIVERSAL REFERRAL FORM**
COMPLETE ALL Fields



ENROLLMENT CHECKLIST

What is the youth's current age?

- 14-15
 16-17
 18-20
 21-24

- Has a School or Gov Photo ID
 Has a Social Security Card
 Has a TAP Card or other reliable transportation
 Ability to Obtain Work Permit (If under 18)

YOUTH INFORMATION

Youth Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Cell Phone #: _____ Home Phone #: _____

D.O.B: _____ Age: _____ SSN (Last 4): _____

Gender: Female Ethnicity: White

Is the youth currently enrolled in high school/equivalency program, college or a vocational training program?

- Yes No

If yes, what school/program? _____

Is youth pregnant/parenting? Yes No If yes, how many children? _____ Have Childcare? Yes No

Is the youth currently on Probation? Yes No ILP Eligible: Yes No Don't know

DCFS Case Status: Current

ADDITIONAL CONTACT INFO FOR CAREGIVER/CARING ADULT

Name: _____ Relationship to Youth: _____

E-mail: _____ Phone Number: _____

DCFS PERSONNEL REFERRING CONTACT INFORMATION

Date: _____ DCFS Office Name: _____

ILP Coordinator/CSW Name: _____ Phone Number: _____

E-mail Address: _____

For Administrative Use Only

WDB Assignment: _____ Date Assigned: _____

Distribution:

Original: Work Source Center: _____

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