



LIFE Skills Foundation Referral Form

Please email to referrals@lifeskillsfound.org

Part I. To be completed by young person seeking participation in the program

Name and Contact Information

Name: _____

Current Address: _____ Apt. or Unit#: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Age: _____ Race: _____ Gender: _____ Pronouns: _____

DOB: _____ Medicaid Number (If applicable): _____

Legal Guardian(s): _____

Guardian's Phone: _____ Guardian's Email: _____

Please check the box of the program(s) you are interested in:

- Independent Living Skills Classes (ages 15-22)
- Education & Employment Program
- Mental Health Program (therapy or counseling)
- Wraparound Support (transition services in the community)
- Transitional Housing Program (must be over 18)
- Independent Housing Program (must be over 18)

Have you ever been in DSS Foster Care? Yes No

EDUCATION

Currently enrolled in (check one): High School GED program Community College

Other: (specify) _____ None of the above

Have you completed high school or GED? Yes No

Briefly state your educational goals.

HOUSING

Current Housing Situation (Check all that apply)

- Homeless Couch Surfing Private Residence (Yours or Family)
 Residential Program Hotel Homeless Shelter Foster Care
 Other: (specify)_____

Where are you going to sleep tonight? _____

EMPLOYMENT

Are you currently employed? Yes No

Briefly share your career goals

FINANCIAL

Do you have a source of income? Employment Food Stamps Family SSI/Disability

Briefly describe your financial situation

Do you have savings? Yes No

Do you feel like you can manage your money? Yes No

SERVICES

Are you currently receiving services such as Mental Health Treatment, Case Management, Tutoring or other? Please explain

What do you hope to gain or learn from LIFE Skills Foundation's programs?

Where do you see yourself in 1 year?

Is there anything we should know about you?

Part II. To be completed by referral source, if someone other than participant.

Referring Person Name: _____ Date: _____

Agency (If applicable): _____ Relationship to young person: _____

Phone: _____ Email: _____

Please explain why you are referring this young person and how long you will be able to provide support for them:

List any other supports, thoughts or concerns you have about this young person's ability to live independently: