

**PREPARATION FOR ADULT LIVING (PALS)
REFERRAL FORM**

Date of Referral: _____

Service Area: _____

A. CURRENT LIVING ARRANGEMENTS: Refer if youth fits one or more of the following categories: Please check the appropriate box.

1) Youth is in Independent Living and is needing immediate services.

2) Youth is 6 months or less of transitioning to Independent Living and has no other supportive services (including continued foster care support). Anticipated date of transition into Independent Living: _____

3) Youth is in group care or agency based treatment home and is within 30-60 days of being placed in an independent living situation. The actual transition work may be done in partnership. Referral provides PALS worker with the opportunity of getting to know the youth and thus making the transition easier and providing ongoing support. Anticipated date of transition into Independent Living: _____

Other pertinent information: _____

B. YOUTH INFORMATION:

Name: _____ Telephone Number: (____) _____

Address: _____ City _____, NE Zip _____

Name of Care Giver/If facility, Contact Person _____

Length of State Custody: ____ Years ____ Months

SSN: ____-____-____ Sex: Male Female Age ____ Birthdate ____/____/____

If youth is under age 17. Signature of Approving Service Area Designee _____

Race: _____ Pregnant Parenting Employed? Full-Time Part-Time
 Summer Only None

Attending School? Yes No Education Grade Level (Check One):

8 9 10 11 12 G.E.D. Graduated

Special Needs? Learning Disabilities Behavior Problems Emotionally Disturbed

Physical Disabilities(Specify) _____ Other _____

Description: _____

C. PROTECTION AND SAFETY WORKER INFORMATION (IF APPLICABLE)

P&S Worker: _____ Phone (____)-_____

Office Location (City): _____

D. TYPE OF CASE: Neglect/Abuse Status Adoption OJS

E. TEAM PLANNING INFORMATION:

Are There Significant Others to be Included in the Team Planning Session? Yes No

Include Parent/Guardian? Yes No *List those to be included not previously listed.*

Name _____ Relationship _____ Phone (____) _____

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