



Independent Living Program Referral

Date form completed (*the field above should pre-fill with the date the form is created*)

General Information About Teen Being Referred:

<p>Teen's Name (<i>the field above should pre-fill with the name of the case participant selected by the worker when they select Create > Case Work > Forms > Independent Living Program Referral?</i>)</p>	<p>Date of Birth and Age (<i>the field above should pre-fill with the case participant's DOB and age from the selected case participant's Person Management record</i>)</p>	<p>English is the Teen's Primary Language? (<i>should pre-fill 'Yes' or 'No' based on what is entered on the selected case participant's Person Management record</i>)</p>	<p>Teen is Able to Communicate Fluently in English? (<i>user-entered narrative text field, app. 10 characters</i>)</p>
<p>Case Manager (<i>user entered text, app. 25 characters</i>)</p>	<p>Agency (<i>user entered text, app. 40-45 characters</i>)</p>	<p>CM's Phone Number (<i>user entered text/numeric field, app. 20 characters</i>)</p>	
<p>Foster Parent/Facility Name (<i>should pre-fill from the Provider Record associated with the selected case participant's placement, from Service Type/Category</i>)</p>	<p>Foster Parent/Facility Phone Number (<i>should pre-fill from the Provider Record associated with the selected case participant's placement, from Service Type/Category</i>)</p>		
<p>Teen's Address (<i>should pre-fill from the Provider Record associated with the selected case participant's placement, from Service Type/Category</i>)</p>	<p>Teen's Phone Number (<i>should pre-fill from the Provider Record associated with the selected case participant's placement, from Service Type/Category</i>)</p>		



Disability and Mental Health Issues Information

<p>Does the teen have any diagnosed disabilities? <i>(should default to ‘Yes’ if ‘Yes’ is selected from the ‘Clinically Diagnosed Disability’ options dropdown in the Disability Information group box on the selected case participant’s Person Management record on the Disability/AFCARS tab; default to ‘No’ if ‘No’ is selected from the ‘Clinically Diagnosed Disability’ options dropdown in the Disability Information group box on the selected case participant’s Person Management record on the Disability/AFCARS tab)</i></p>	<p>Yes</p>	<p>No</p>
<p>Does the teen have any Mental Health Issues? <i>(should default to ‘Yes’ if ‘Yes’ is selected from the ‘Clinically Diagnosed Disability’ options dropdown in the Disability Information group box on the selected case participant’s Person Management record on the Disability/AFCARS tab AND if either of the following check boxes within the group box are checked: ‘Mental Retardation’ ‘Emotionally Disturbed’; default to ‘No’ if ‘No’ is selected from the ‘Clinically Diagnosed Disability’ options dropdown in the Disability Information group box on the selected case participant’s Person Management record on the Disability/AFCARS tab)</i></p>	<p>Yes</p>	<p>No</p>

Eligibility Information

<p>Has the teen been adjudicated dependent? <i>(should pre-fill with ‘Yes’ if ‘Adjudicated Dependent’ row exists with Begin Date field filled-in on the Legal Tab of the Interim Child Information page for the selected case participant, pre-fill with ‘No’ if this legal status has not been entered in this group box. Also, for R2B, need to look at Legal Module - if ‘Adjudicated Dependent’ is entered then default to ‘Yes,’ if ‘Adjudicated Dependent’ is not entered in Legal then defaults to ‘No.’)</i></p>	<p>Yes</p>	<p>No</p>
<p>Is the teen placed in licensed foster care? <i>(should pre-fill from Placement Type, i.e. Service Type/Category from Services - ‘Yes’ if placement type is licensed foster care; ‘No’ if placement type is not licensed foster care)</i></p>	<p>Yes</p>	<p>No</p>

Independent Living Requirements*(all info in next four cells will be user entered; need ‘Yes’ and ‘No’ in each row with check box for both so user can check appropriate response.)*

<p>Has a teen plan for normalcy been created and signed by youth, care provider and case manager?</p>	<p>Yes</p>	<p>No</p>
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Has the teen created an educational/career plan with the school?	Yes	No
Has the teen completed a Daniel Memorial Assessment?	Yes	No
Has the youth been provided information on life skills trainings?	Yes	No

Case Status

Have parental rights been terminated? <i>(should pre-fill 'Yes' if 'TPR Granted' or 'TPR Obtained' is documented with Begin Date on Legal tab of Interim Child Information page OR if this is documented in the Legal Module; otherwise defaults to 'No.'</i>	Yes	No
Are other placements (non foster care) being pursued? <i>(user entered, need check box for 'Yes' and for 'No')</i>	Yes	No

Are other non-foster care placements being pursued? *(user entered, need check box for 'Yes' and for 'No')* Yes No

Comments: *(user entered narrative text field, 200 characters)*

Case Manager's Signature *(leave blank for worker to sign after printing)*

Date *(leave blank for worker to enter after printing and signing)*

Date entered into IL Database
Initial

(user entered date field)
(leave blank for user to enter after printing)