**Live & Learn Community Referral Form**

**Referral Form**

|  |  |  |
| --- | --- | --- |
| Date: | Referral Name & Source: | Referral Contact #: |

|  |
| --- |
| Case Management Agency: |
| Case Manager Name:  | Phone # | Email  |
| Supervisors Name: | Phone # | Email  |
| IL Coordinator Name:  | Phone # | Email |

**Demographics**

|  |  |  |
| --- | --- | --- |
| Youth Name:  | DOB: AGE: | SS# |
| Gender: Ethnicity: | Phone Number / Email Address: |
| Current AddressPlacement Status (Homeless, Foster)Foster Care Status (EFC/PESS) | School  |
| Citizenship Status | MDCPS ID # (if applicable) |
| Florida ID # or Driver’s License # | Medicaid # |

**Screening Questions**:

1. Are there any current or past Mental Health diagnoses for the youth you are referring? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

1. Are there any current or past substance abuse issues for the youth you are referring? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

1. Does the youth you are referring have any current or past involvement with the juvenile justice or adult justice system? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

1. Does the youth you are referring have any physical or developmental disability?

\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

1. Is the youth currently employed? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, where?

**Referrals will not be reviewed until all documents are submitted. Please include the following with this referral form:**

Signed Release of Information Form

Level of Care Assessment ( LOCA) and/or Psychological / Psychiatric Evaluation

 Most recent medical assessment

Academic records /recent grade report or MDCPS Transcript

Discharge summary form from DJJ placement or adult criminal report (If applicable)

Copies of Birth Certificate, Social Security Card, State ID

**Return referral forms and all documents to:** **aadams@casavalentina.org** **or Fax: (305) 675-2807**