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**LAUNCH PAD INDEPENDENT LIVING REFERRAL FORM**

**Eligibility Checklist:**

* Male between the ages of 18-23.
* Referred by county caseworker, JPO, child advocate or court order.
* Capable and motivated to live independently.
* Not convicted of any adult felonies.
* Not in need of intensive psychiatric or D&A treatment.

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| --- | --- |
|  | **Date:** |
| **Referring Agency:** | **Agency Contact:** |
| **Agency Phone:** | **Agency Email:** |
| **Client Name (first, middle, last):** |
| **DOB:** | **Gender:** [ ] **Male** [ ] **Female**  |
| **Address:** | **County of Origin:** |
| **Home Phone:** | **Cell Phone:** |
| **Race:** [ ]  **American Indian or Alaska Native** [ ] **Native Hawaiian or other Pacific Islander** [ ] **Asian** [ ] **White** [ ] **Black or African American** [ ] **Bi-Racial** |
| **Hispanic:** [ ] **Yes** [ ]  **No** | **Citizen:** [ ] **Yes** [ ] **No** |

Was this client ever in state or county custody? [ ] **Yes** [ ]  **No**

Please briefly describe the client’s background and history with dependence or county involvement:

Please briefly describe the client’s current living situation and program needs:

Please list the referral agency’s Employment, Education, and Independent Living goals for the client: