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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: