



LAUNCHPAD

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.

		Date:
Referring Agency:	Agency Contact:	
Agency Phone:	Agency Email:	
Client Name (first, middle, last):		
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		County of Origin:
Home Phone:	Cell Phone:	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Bi-Racial		
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> 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: