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**LAUNCH PAD INDEPENDENT LIVING YOUTH INQUIRY 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.

**Please complete the youth inquiry form even if you do not currently have a county caseworker, JPO, or advocate.**

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| **Name:** | **Date of Birth:** |
| **Phone:** | **Email:** |
| **County you live in now:** | **County of Origin: (Where you were first placed in foster care or other county care)** |
| **Who is your current or most recent** **case worker/probation officer/advocate?** |
| **Current dependency status** **(i.e. In care, aged-out, permanency, unsure)** |
| **At what age did you enter foster care/probation/county involvement?** |
| **At what age did you exit care? (if applicable)** |

Please briefly describe your background and history with county involvement: (i.e. foster care, dependence, probation)

Please describe why you are interested in the Launch Pad program:

Please briefly describe your goals for the future: