



## LAUNCHPAD

### 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.

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: