



SF ILSP Referral Form

**** ALL sections must be completed ****

YOUTH INFORMATION

Date: _____

Youth Name: _____

Date of Birth: _____ Age: _____

Race: _____ Social Security #: _____

Gender: Male Female Transgender Preferred gender pronoun: _____

Were/are you in: Foster care Out-of-home probation Both

Primary Language: _____ Can Speak English

Address: _____

City: _____ County: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

School: _____ Current Grade: _____ Current GPA _____

Present Living Situation: Foster Parent/s Group Home Biological Family
 Homeless On your own Other: _____

Adult Name/Caretaker: _____ Relationship to Youth: _____

Address: _____ Phone Number & email: _____

ELIGIBILITY VERIFICATION – TO BE COMPLETED BY COUNTY STAFF PERSON

Last/current service component from CMS/CWS (include participation conditions if in Supportive Transitions):

Start & Vacate/ Dismissal date of out-of-home placement _____ TO _____
(start) (vacate/dismissal)

TILP (must be attached) Yes

Is youth eligible for services? Yes

Verified by (SW/PO signature): _____ Date: _____



CASE WORKER INFORMATION

Name of Current Social Worker/Probation Officer: _____

County: _____ Phone Number: _____

Email: _____

REFERRAL INFORMATION

Mark here if person referring is Social Worker or Probation Officer and skip to "Reason for Referral"

Person making referral: _____ Phone: _____

Email: _____

Relationship to youth: Attorney CASA Caregiver Mental Health Professional

School Staff Seneca Counselor Other: _____

Reason for Referral: _____

Services Requested:

Employment search Employment skills Finishing High School/GED ILSP workshops

Post-secondary education support Permanency Services Other: _____

Mark here if referral should be sent to an out of county ILP: Out of County Referral

Which county ILP should they be referred to? _____

Please attach the most recent TILP with this referral form, and email or fax to the attention of

Natalia Hernández, ILSP Intake Specialist

Email: intake.sf@firstplaceforyouth.org and CC nhernandez@firstplaceforyouth.org

Fax: (510) 272-9303

Phone: (415) 230-3995

San Francisco County Independent Living Skills Program; 218A Clara St, San Francisco, CA 94107