SF ILSP Referral Form

** ALL sections must be completed **

YOUTH INFORMATION

Date: _____

Youth Name: _____

Date of Birth: _____ Age: _____

Race: _____ Preferred gender pronoun: _____

Gender: ☐ Male ☐ Female ☐ Transgender

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

Primary Language: _____ ☐ Can Speak English

Address: _____

City: _____ County: _____ Zip Code: _____

Cell Phone: _____ Other 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 _____ (start) TO _____ (vacate/dismissal)

TILP (must be attached) ☐ Yes

Is youth eligible for services? ☐ Yes

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

Updated 2026-2027

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 to the attention of

Natalia Hernández, ILSP Intake Specialist

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

Phone: (415) 230-3995

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

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