**Referred By:**

**TRAILS Program Request:**

* **DOVE**
* **Virtual Visitation/Aftercare Mentoring**
* **FYI Mentoring**
* **STAY Housed**
* **IL Work Experience**
* **Job Training Work**
* **Project ID**
* **Girls Group**
* **TRAILblazers After School**
* **TRAILbreakers After School**

**Referral Contact information:**

**Referral Date:**

**Referral Agency:**

**Referred Young Adult Legal name:**

**DOB and Age:**

**Gender:**

**SS#:**

**Race:**

**Ethnicity:**

**Young Adult’s Phone Number:**

**Young Adult’s Current Address:**

**Does the referred Young Adult have children? Yes No**

If yes**: Names and Ages:**

**Biological Mother’s Name:**

**DOB:**

**Social Security Number:**

**Address (**if different**):**

**Preferred Phone:**

**Preferred Email:**

**Biological Father’s Name:**

**DOB:**

**Social Security Number:**

**Address (**if different**):**

**Preferred Phone:**

**Preferred Email:**

**Caretaker’s Name & Relationship to Youth (**if different form Bio parents**):**

**Caretaker’s Phone Number:**

**Caretaker’s Address:**

**Preferred Phone:**

**Preferred Email:**

**Current list of household members and their relation to Young Adult:**

**Medical insurance information:**

**Medical Conditions or concerns:**

**Mental Health concerns or programs currently involved in:**

**Drug/Alcohol concerns or programs currently involved in:**

**School District:**

**Current Grade:**

**IEP?: Yes No**

**Probation Officer:**

**YLS Risk assessment score:**

**Last Placement:**

**Date Of Entrance into Placement:**

**Date Of Discharge from Placement:**

**CYS Caseworker(s):**

**Independent Living Case Worker:**

**Foster Care Case Worker:**

**Other Services & Supports Involved:**

**Reason for Referral: Why would you like TRAILS to be involved with this family?**

**Any other known needs of the family:**

**Dietary restrictions and/or preferences for participate:**