

THIS SECTION FOR ILP STAFF USE ONLY

Date of Initial ILP Contact: _____ Date Referral Received: _____

Method of Contact: _____ In Person _____ Letter _____ Phone _____ Other _____

Date of Referral: _____ Case Name: _____

A. GENERAL INFORMATION ABOUT THE CONSUMER BEING REFERRED/ DEMOGRAPHICS:

1) Consumers Name: _____

2) Address: _____

3) Parent or Family Home Name: _____

Phone Number: _____

4) Consumer's DOB: _____ Consumer's Current Age: _____

5) Sex: _____ Male _____ Female

6) Current Living Status: _____ Family Home _____ Independent

_____ Other Arrangement

7) Eligibility Category: _____ CVRC _____ Non CVRC-Private

8) County of Jurisdiction: _____

9) County of current Residence: _____

10) **CVRC Counselor Name & Phone Number:** _____

11) Is The Referred Consumer a Parent? _____ If Yes, How Many Children? _____ And Ages _____

Is/Are the child/children with the Consumer? _____

B. CVRC SERVICE INFORMATION:

1) Current Legal Status: _____

2) Current Permanency Goal: _____ Independent _____ Semi-Independent

3) Length of Time in Current Placement: _____

4) Total Length of Time in Current Placement: _____

5) Have Legal Rights Been Terminated? _____ Yes _____ No

6) Name and Phone Number of Conservator/Guardian Ad Litem, if appointed: _____

C. EDUCATIONAL INFORMATION:

- 1) Is the Consumer Enrolled in an Educational Program? _____ Yes _____ No
- 2) Name and Address of Program/School: _____

- 3) Current Grade: _____
- 4) Does the Consumer have an Individual Education Plan? _____ Yes _____ No
- 5) Anticipated Date of Graduation: _____

D. WORK EXPERIENCE:

- 1) Is the Consumer Currently Employed? _ Yes ___ No
- 2) Length of Employment and Type of Work Experience (Include full and part-time employment, plus volunteer work): _____

E. JUSTICE SYSTEM INVOLVEMENT:

- 1) Does the Consumer Have any Pending Charges? _____ Yes _____ No
- 2) Does the Consumer Have a Probation Officer? _ Yes ___ No
If Yes, Name & Phone Number: _____

F. SUBMISSION OF THIS FORM:

Please email this form to intake@footstepsbehavioral.org or fax to 559.408.5557 for further processing and approval.