

Westmoreland County Children's Bureau
Independent Living Referral Form

IS THE YOUTH TURNING 18 WITHIN THE NEXT 3 MONTHS?

Date: County Caseworker:

Case Number:

Name of Client: Date of Birth:

Race: Sex:

Social Security Number:

Current Address:

Current Phone Number:

Most Recent Court Adjudication Date:

Most Recent Removal Date:

Adjudicated: Dependent Delinquent Both or Shared Case-management

Involvement with Juvenile Probation: no If yes, JPO's name:

Current Living Arrangement: Relative/Kinship Foster Home

Group Home Shelter Residential Treatment Facility

Independent Living Program Secure Facility

Placement Agency:

Agency Address:

Agency Contact: Phone Number:

Is this placement: In County Out of County Specifically: County

Any prior Independent Living goals developed with Caseworker:

Total Time in Out of Home Placements: Years, Months

Is this youth receiving Title IV E: Yes No

Educational History:

Current School Attended:

Current Grade Level: 10

Academic Performance/IQ:

Has youth been referred for Intellectual Disability Services through WCSI:

School Status: Special Education Regular School Program College

Dropped Out In GED Program Not in School

Vocational/Technical Training Other Specifically:

Medical and Psychological:

Special Needs (Check All That Apply): No Special Needs Learning Disabled
Physical Handicap SED Speech/Language Impaired
Hearing Impaired MR Brain Damaged Visual Handicap
Other Specifically:

Emotional Problems/Diagnosis if Any: bi polar ADHD

Past and Present Health Problems:

History of Medication:

Depression: Yes No Suicidal Tendencies: Yes No

Is the youth physically aggressive: Yes No

Is the youth verbally aggressive: Yes No

Does the youth threaten peers or adults: Yes No

Does the youth need any special treatment approaches due to age, gender, cultural, national, racial, ethnic, or sexual orientation: Yes Specifically: No

Ability to follow rules and guidelines:

Youth's feelings regarding Independent Living:

Family Involvement: Strong Involvement (2 or more contacts per month)

Some Involvement (1 or fewer contacts per month) No Involvement

Family Strengths, Weaknesses, Support System:

Parental Status of Youth: No Children Expecting Child Child with Parent

Child not with Parent

Marital Status of Youth: Single Married Separated Divorced

Widowed

Current Employment Status: Full Time Part Time Unemployed

Summer Employment

Does the youth possess a driver's license: Yes No

Note: Please enclose copies of youth's birth certificate, social security card, most recent IEP, most recent court order, family history background (FSP), child profile, immunization records and other significant medical information/records, JPO Service Plan/Probation Requirements.

