



Whole Person Learning



Youth Empowerment Support

Participant #:

YES REFERRAL FORM

PLEASE SUBMIT TO:

LINDSAY PORTA/ PROGRAM MANAGER
11716 ENTERPRISE DRIVE AUBURN, CA 95603
(530)886-5461 OFFICE / LPORTA@PLACER.CA.GOV

PLEASE CHECK AND FILL OUT ALL THAT APPLY

YOUTH SUPPORT COORDINATOR

YOUTH COMMUNITY PARTNER

REFERRAL OCCURRENCE: 1ST 2ND 3RD 4TH 5TH

NAME OF PERSON BEING REFERRED:		ETHNICITY/RACE:	COUNTY OF ORIGIN:
DOB AND CURRENT AGE:	TELEPHONE(PERSON BEING REFERRED/ PLACEMENT)/ TYPE:	PRIMARY LANGUAGE:	INTERPRETER NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SEXUAL ORIENTATION: <input type="checkbox"/> LESBIAN <input type="checkbox"/> BISEXUAL <input type="checkbox"/> GAY <input type="checkbox"/> QUEER <input type="checkbox"/> HETEROSEXUAL/STRAIGHT <input type="checkbox"/> QUESTIONING <input type="checkbox"/> PREFER NOT TO ANSWER <input type="checkbox"/> ANOTHER SEXUAL ORIENTATION:		GENDER IDENTITY: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> QUESTIONING <input type="checkbox"/> TRANS MALE/FTM <input type="checkbox"/> GENDERQUEER <input type="checkbox"/> TRANS FEMALE/MTF <input type="checkbox"/> PREFER NOT TO ANSWER <input type="checkbox"/> ANOTHER GENDER IDENTITY:	
PARENT(S)/CAREGIVERS(S)/ SUPPORT PERSON(S) , THEIR RELATIONSHIP , AND CONTACT INFORMATION (I.E. CASA, SOCIAL WORKER, FAMILY MEMBERS, PROBATION OFFICER ETC.):			
HOME ADDRESS, CITY, STATE AND ZIP CODE: (IF NONE, IS THIS PERSON HOMELESS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PLACEMENT ADDRESS, CITY, STATE AND ZIP CODE (IF APPLICABLE) :			
LEVEL OF ANTICIPATED INVOLVEMENT: <input type="checkbox"/> ONE TIME CONTACT <input type="checkbox"/> OCCASIONAL/ PERIODIC <input type="checkbox"/> MORE INTENSIVE INVOLVEMENT			
NECESSITY: <input type="checkbox"/> AS AVAILABLE <input type="checkbox"/> IMMEDIATE			
SYSTEMS/ SERVICES RECEIVED:			
PROBATION: <input type="checkbox"/> PREVIOUSLY <input type="checkbox"/> CURRENTLY INVOLVED <input type="checkbox"/> NONE TYPE: <input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL <input type="checkbox"/> PENDING HEARING <input type="checkbox"/> AB12 <input type="checkbox"/> RESTORATIVE			
CHILD WELFARE SERVICES: <input type="checkbox"/> PREVIOUSLY <input type="checkbox"/> CURRENTLY INVOLVED <input type="checkbox"/> NONE TYPE: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> FAMILY REUNIFICATION <input type="checkbox"/> PERMANENT PLACEMENT <input type="checkbox"/> AB12 <input type="checkbox"/> PENDING DISPO <input type="checkbox"/> FAMILY MAINTENANCE			
MENTAL HEALTH SERVICES: <input type="checkbox"/> PREVIOUSLY <input type="checkbox"/> CURRENTLY INVOLVED <input type="checkbox"/> NONE			
WRAPAROUND: <input type="checkbox"/> PREVIOUSLY <input type="checkbox"/> CURRENTLY INVOLVED <input type="checkbox"/> NONE			
DRUG COURT: <input type="checkbox"/> PREVIOUSLY <input type="checkbox"/> CURRENTLY INVOLVED <input type="checkbox"/> NONE			



Whole Person Learning



YES REFERRAL FORM

Participant #:

IEP: PREVIOUSLY CURRENTLY INVOLVED NONE

MILITARY STATUS: VETERAN ACTIVE FAMILY OF MILITARY NO MILITARY INVOLVEMENT

HEALTH/MENTAL HEALTH CHALLENGES (E.G., ASTHMA, DIABETES, DIFFICULTY LEARNING , DEPRESSION, ETC.):

TYPE OF PLACEMENT (CHECK IF APPLICABLE): PLEASE MARK ALL THAT APPLY

P=PRIOR PLACEMENT A=ANTICIPATED PLACEMENT C=CURRENT PLACEMENT

- | | | |
|---|--|---|
| <input type="checkbox"/> PCES/SHELTER CARE HOME
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> GROUP HOME/STRTP
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> BOOT CAMP
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C |
| <input type="checkbox"/> NON-RELATED EXTENDED FAMILY MEMBER (NREFM)
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> MENTAL HEALTH FACILITY
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> RESPITE FOSTER HOME
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C |
| <input type="checkbox"/> FOSTER HOME
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> JUVENILE DETENTION FACILITY
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C | <input type="checkbox"/> TYPE UNKNOWN <input type="checkbox"/> AB12 PLACEMENT/TYPE:
<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> C |

NAME OF SCHOOL/ VOCATIONAL TRAINING PROGRAM (IF APPLICABLE):	LAST GRADE COMPLETED:	SCHOOL TYPE:
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ADDRESS:	CITY/STATE:	ZIP CODE:
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PLEASE LIST ANY ONE TIME AND/OR ONGOING MEETINGS AND OTHER IMPORTANT DATES (I.E. COURT, CFT, FTM, FRCC, GRADUATION, EMANCIPATION, MOVING DATE):

REASON FOR REFERRAL:

REFERRING PERSON/ AGENCY:

PHONE NUMBER:	DATE:
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Parental Consent (If Applicable):

Print Name: _____ **Signature:** _____

Date _____ **By signing this document you are giving consent for (Youth's Name)** _____ **to receive services through the Placer County Youth Empowerment Support (YES!) Program with Whole Person Learning.**