**Denver DHS**

**Chafee Foster Care Independence Program**

**REFERRAL**

Name of Caseworker/Case Manager: Click here to enter text.

Agency: Click here to enter text. Phone: Click here to enter text. Email: Click here to enter text.

Youth ***Permanency Goal:*** Choose an item.

Last Name: Click here to enter text. First Name: Click here to enter text. DOB: Click here to enter a date.

HH#: Click here to enter text. SSN: Click here to enter text. State ID#: Click here to enter text.

Trails Case #: Click here to enter text. Youth Trails ID#: Click here to enter text.

Youth Email: Click here to enter text. & Phone #: Click here to enter text.

**Address:** Click here to enter text. City: Click here to enter text. Zip Code: Click here to enter text.

Case Mgr: Click here to enter text.& Phone #: Click here to enter text. Type of Placement: Choose an item.

Foster Parent Name: Click here to enter text.& Phone #: Click here to enter text.

**\*\*CRITICAL INFO\*\*** [Ex: no-contact orders; SO; drug user, major medical/psych issue—diabetes, epilepsy, suicidal]

Case(s) Type:  D&N  JD  PRNP Custody of Youth: DHS DYC Emancipated

Is the court case active? Choose an item. Case Number: Click here to enter text.

Probation/Parole Officer: Click here to enter text. & Phone #: Click here to enter text.

GAL/Attorney: Click here to enter text. & Phone #: Click here to enter text.

Special Considerations:MH Issues Disability Substance Abuse Visual/Hearing Impaired Mental Retardation Teen Parent Registered Sex Offender Non-Registered Sex Offender

Details of special considerations:

Is youth eligible for adult services? Choose an item.

Education Info: School Name: Click here to enter text. Last Grade Completed: Choose an item.

Status: Choose an item.

Income Info:

Employed SSI/SSDI Other--specify: Click here to enter text.