

# Placer County Children's System of Care Independent Living Program (ILP) Referral

*\*Copy of most current Transition Independent Living Plan (TILP) must be attached*

**Youth are eligible for ILP services from age 14 to the day before their 21st birthday, provided one of the following criteria is met: (select one)**

<input type="checkbox"/>	Youth was/is in foster care at least one day after their 16th birthday      Date of Referral : _____
<input type="checkbox"/>	Youth is a former dependent who entered into a kinship guardianship at any age and is receiving/received Kinship Guardianship Assistance Payments (KinGAP) between ages 16-18
<input type="checkbox"/>	Youth is a former dependent who entered into a Non-Related Legal Guardianship (NRLG) after attaining age 8 and is receiving/received permanent placement services
<input type="checkbox"/>	Youth is between 14-15 years with an open dependency case (in placement) and attending school or living in Placer County <i>**If youth remains in out of home placement at least one day after their 16th birthday, youth will continue to be eligible for ILP services</i>

### Referring Party Information:

Full Name		Email	
Work Number		Cell	
Agency	Other		

### Information About Youth:

Full Name		Preferred Pronoun(s)	
Youth Cell Phone		Date of Birth	Age
Type of Placement			
Type of Case			
Residing Address (Street, City, Zip Code)	Social Security #		
Caregiver Name		Caregiver Phone	
If applicable, date of upcoming CFT or monthly visit that ILP staff may be able to attend to support youth & initial engagement opportunity:			
Other Agencies Involved with Youth:		Additional Comments (may include youth interests, strengths, upcoming dates or time frames that may be helpful for ILP staff to know about):	
<input type="checkbox"/>	Court Appointed Special Advocate (CASA)		
<input type="checkbox"/>	Youth Empowerment Support (YES)		
<input type="checkbox"/>	Adult System of Care (ASOC)		
<input type="checkbox"/>	Mental Health Services:		
<input type="checkbox"/>	Housing Program:		
<input type="checkbox"/>	Foster Family Agency:		
<input type="checkbox"/>	Other:		

### Transition Independent Living Plan (TILP)

Please email the ILP Referral Form & completed TILP to:	Michelle Graf, Program Manager, ILP Placer County Office of Education mgraf@placercoe.k12.ca.us
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