



Independent Living Intake Application

Date _____

Full Name
(f,m,l) _____

Address _____

Legal
Guardian _____

Phone _____ Cell
Phone _____

Birthdate _____ Gender _____
SS# _____

School _____
_ Grade _____

Caseworker/PO _____
County _____

Caseworker/PO Phone Number _____

Emergency Contact _____ Phone
Number _____

Primary Reason for Referral

*** Please note – once the IL Worker receives the intake they may call to gather some more information before contacting the youth.

Receiving Title IV-E _____ Chafee Eligible _____

Date of most recent out of home placement _____

Total amount of time in placement _____

Special Needs _____

Behavioral/Mental Health concerns _____

Medications _____

Dependent _____ Delinquent _____ Both _____ Birth Certificate _____

Child Permanency Plan and/or Brief History _____

How much family contact? _____

Placement History (when/where) _____



Does youth have children? _____ If yes, age(s)

Services Being Received:

_____ MH/MR _____ Case Management

_____ D&A Counseling _____ Mental Health Counseling

Other _____
