



TRANSITIONAL SERVICES COMMON REFERRAL FORM

Instructions:

- Please fill out all sections completely.
- Please return completed referral to:

I. Demographic Information

Youth Name		Birth Date ____/____/____	Today's Date ____/____/____	Project Everlast Facebook Member __Yes __No
Phone Number	Email Address		Master Case #	Last 4 digits of SSN
Address		City/State	Zip	Best Method of Contact __Phone __Text __Facebook __Email
Gender __Male __Female __Trans* or Transgender __Other: _____ Prefer not to specify			Data Quality (who completed this information) DHHS/ PE Staff/ __Youth self-report __NFC/Other __Navigator	
Race/Ethnicity (check all that apply) __ White __ Black/African American __ Hispanic/Latino __ Asian __ Native American/Alaskan Native __ Native Hawaiian/Other Pacific Islander __ Other: _____ __ Prefer not to specify				
System involvement (check all that apply) Child Welfare: Child Welfare: Child Welfare: __ Abuse/Neglect (3a) __ Office of Juvenile Services (3b) __ Mental Health (3c) __ Probation __ Unknown __ Other: _____			Parental Status __ Pregnant __ Parenting (number of children: ____) __ Neither pregnant nor parenting	
Referral Agency	Referral Individual	Contact Phone Number	Referral Agency Email	
Current Status (check all that apply and fill in age if prompted) __ Current state ward __ Adopted (age: ____) __ Discharged to Independent Living (age: ____) __ Guardianship (age: ____) __ Reunified (age: ____) __ Aged out at 19 __ in Bridge to Independence __ Other: _____				

Areas of Immediate Need (choose the top three)

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Permanency |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Legal Documents | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Parenting Assistance | <input type="checkbox"/> Mental Health/Substance Use |
| <input type="checkbox"/> Health | <input type="checkbox"/> Dentist |

Available Plans or Assessments

- | | | |
|--|--------------|---------------|
| DHHS/NFC Indep. Living Plan | __ Completed | __ Interested |
| PALS/Branching Out Indep. Living Plan. | __ Completed | __ Interested |
| Individual Education Plan (IEP) | __ Completed | __ Interested |
| Casey Life Skills Assessment | __ Completed | __ Interested |
| Other: _____ | __ Completed | __ Interested |
| Other: _____ | __ Completed | __ Interested |

II. Current Services and Supports

- | | | | | | |
|--|-------------|---------------|---|-------------|---------------|
| Project Everlast Council. | __ Involved | __ Interested | Education services (e.g. ETV, GED, tutoring). | __ Involved | __ Interested |
| Opportunity Passport. | __ Involved | __ Interested | Food services (e.g. local pantries) | __ Involved | __ Interested |
| Housing services. | __ Involved | __ Interested | Health services (physical or mental, sub. abuse). | __ Involved | __ Interested |
| Independent living/life skills services. | __ Involved | __ Interested | Mentoring services | __ Involved | __ Interested |
| Family finding services. | __ Involved | __ Interested | Transportation services (e.g. bus, cab) | __ Involved | __ Interested |
| Employment services. | __ Involved | __ Interested | Nebraska Friends of Foster Care (past 12 mo.). | __ Involved | __ Interested |
| Need Based Funds (past 12 months). | __ Involved | __ Interested | Other: _____ | __ Involved | __ Interested |

Public Assistance

- | | | | | | |
|--------------------------------------|--------------|---------------|-----------------------------|--------------|---------------|
| Medicaid | __ Receiving | __ Interested | Food Stamps (SNAP). | __ Receiving | __ Interested |
| Aid to Dependent Children | __ Receiving | __ Interested | SSI/SSDI | __ Receiving | __ Interested |
| Childcare Subsidy/Title XX | __ Receiving | __ Interested | WIC | __ Receiving | __ Interested |
| Housing Voucher/Section 8 | __ Receiving | __ Interested | TANF | __ Receiving | __ Interested |
| Unemployment | __ Receiving | __ Interested | Other: _____ | __ Receiving | __ Interested |

III. Background Information

Education			
Currently enrolled in (if applicable)			
<input type="checkbox"/> Junior High/Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED Classes		Part Time: <input type="checkbox"/> Vocational/Trade School Full Time: <input type="checkbox"/> Vocational/Trade School	
<input type="checkbox"/> Part Time: Community College <input type="checkbox"/> Full Time: Community College		<input type="checkbox"/> Part Time: College <input type="checkbox"/> Full Time: College	
<input type="checkbox"/> Part Time: Graduate School <input type="checkbox"/> Full Time: Graduate School		<input type="checkbox"/> Other: _____	
Highest grade completed			
<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th grade <input type="checkbox"/> 8 th grade <input type="checkbox"/> 9 th grade <input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade (High School Diploma)			
<input type="checkbox"/> GED/modified diploma <input type="checkbox"/> 1+ years of college (but no degree) <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree			
Housing			
Current living arrangement			
<input type="checkbox"/> Bio parent(s) <input type="checkbox"/> Adoptive parent(s)		With other bio/ <input type="checkbox"/> adoptive family members Independently/ <input type="checkbox"/> in my own place	
<input type="checkbox"/> Legal guardian(s) <input type="checkbox"/> Foster home <input type="checkbox"/> Group home <input type="checkbox"/> School dorm		With a friend/ <input type="checkbox"/> significant other With another <input type="checkbox"/> non-relative adult	
<input type="checkbox"/> Couch surfing/house to house <input type="checkbox"/> Homeless/homeless shelter		<input type="checkbox"/> Other: _____	
About how long have you lived at your current place? Weeks: _____ Months: _____ Years: _____	Is your housing affordable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't pay for housing	Do you feel safe inside your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel that your housing situation is stable? (e.g. can you stay as long as you would like, do you have control over whether you stay or have to leave) <input type="checkbox"/> Yes <input type="checkbox"/> No
How Long do You Plan to Stay There?			
<input type="checkbox"/> Less than 1 week <input type="checkbox"/> A couple weeks <input type="checkbox"/> About a month <input type="checkbox"/> A few months <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> A few years <input type="checkbox"/> Indefinitely/As long as I want <input type="checkbox"/> Not sure <input type="checkbox"/> Other: _____			
Employment			
Current employment status		Average hourly wage (if applicable)	Average hours per week (if applicable)
<input type="checkbox"/> Employed (total # of paying jobs: _____) <input type="checkbox"/> Seeking employment <input type="checkbox"/> Not employed (and not seeking)		_____	_____
		Length of time with current employer (think of the job you've been at the longest)	
		<input type="checkbox"/> Less than 3 mo. <input type="checkbox"/> 3-5 mo. <input type="checkbox"/> 6-8 mo. <input type="checkbox"/> 9-11 mo. <input type="checkbox"/> 1-2 yrs. <input type="checkbox"/> More than 2 yrs.	
Parenting			
Do you have any children?	How many of these children currently live with you? (if applicable)	Are you currently expecting a(n)other child?	
<input type="checkbox"/> Yes (total #: _____) <input type="checkbox"/> No	Total # with you full time: _____ Total # with you part time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health/Mental Health			
Do you have health insurance through any of the following? (check one)			
<input type="checkbox"/> Medicaid <input type="checkbox"/> My parents' insurance <input type="checkbox"/> My employer <input type="checkbox"/> My spouse's insurance <input type="checkbox"/> My school <input type="checkbox"/> I buy private insurance myself <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not have health insurance			
When did you last have a physical exam by a doctor or nurse?	Do you have any unmet physical or medical needs right now?	Has there been any time over the past 6 mo when you thought you should get medical care but did not?	
<input type="checkbox"/> Less than 1 yr ago <input type="checkbox"/> 1 to 2 yrs ago <input type="checkbox"/> More than 2 yrs ago <input type="checkbox"/> Never <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
When did you last have a dental exam by a dentist or hygienist?	Do you have any unmet dental needs right now?	Has there been any time over the past 6 mo when you thought you should get dental care but did not?	
<input type="checkbox"/> Less than 1 yr ago <input type="checkbox"/> 1 to 2 yrs ago <input type="checkbox"/> More than 2 yrs ago <input type="checkbox"/> Never <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a chronic health condition?	Do you have access to the medications you need?	Do you have any unmet mental health needs right now?	Has there been any time over the past 6 mo when you thought you should see a mental health professional for a problem (e.g. depression, substance abuse, anxiety) but did not?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanence			
When you need someone to give you good advice about a crisis, are there...		When you need someone to give you advice about your job or school, are there...	
<input type="checkbox"/> Enough people you can count on <input type="checkbox"/> Too few people you can count on <input type="checkbox"/> No one you can count on <input type="checkbox"/> Don't know		<input type="checkbox"/> Enough people you can count on <input type="checkbox"/> Too few people you can count on <input type="checkbox"/> No one you can count on <input type="checkbox"/> Don't know	
When you need someone to loan you money in an emergency, are there...			
<input type="checkbox"/> Enough people you can count on <input type="checkbox"/> Too few people you can count on <input type="checkbox"/> No one you can count on <input type="checkbox"/> Don't know			
Do you have <u>an adult</u> in your family that you will <u>always</u> be able to turn to for support and, if so, who? (check one)		Do you have <u>an adult</u> other than a family member that you will <u>always</u> be able to turn to for support and, if so, who? (check one)	
<input type="checkbox"/> No <input type="checkbox"/> Birth parent <input type="checkbox"/> Adoptive parent		Someone from my church Current Former <input type="checkbox"/> No <input type="checkbox"/> Teacher <input type="checkbox"/> /faith-based community <input type="checkbox"/> Foster Parent <input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Legal guardian <input type="checkbox"/> Adult sibling <input type="checkbox"/> Spouse		<input type="checkbox"/> Mentor/community member <input type="checkbox"/> Caseworker (case manager, Independent Living staff, etc.)	
<input type="checkbox"/> Extended family member (e.g. aunt, grandfather, cousin)		<input type="checkbox"/> Other: _____	

Transportation			
Do you have access to the transportation you need to get to school or work? ___ Yes ___ No	Do you have access to transportation for things like therapy, medical appts, supportive services, etc.? ___ Yes ___ No ___ N/A	Is the transportation you use reliable and consistent? ___ Yes ___ No	Do you have a driver's license? ___ Yes ___ No ___ Not old enough
What is your primary method of transportation? ___ The bus ___ Bicycle ___ Walking ___ Own a car ___ Borrowing someone else's car ___ Friends/family (asking for rides) ___ Other motorized vehicle (e.g. scooter, motorcycle, moped) ___ Other: _____			

IV. Independent Living/Life Skills

Assistance is needed in the following areas:

Transportation ___ Learning the bus routes ___ Budgeting for bus passes ___ Saving for a car ___ Driver's Ed./driving experience ___ Obtaining a driver's license ___ Obtaining registration/car insurance ___ Fixing/maintenance on a car ___ Other: _____	Dietary Needs ___ How to grocery shop ___ How to cook ___ Healthy diet/food pyramid ___ Reading food labels ___ Meal planning ___ Understanding calories ___ Other: _____	Exercise and Fitness ___ Developing a fitness plan ___ Participating on a sports team ___ Picking the right gym ___ Registering for a fitness class ___ Purchasing fitness equipment ___ Other: _____	Social Outlets ___ Positive peer groups ___ Personal advocacy skills ___ Public speaking skills ___ Social capital (networking) ___ Dangers of the internet ___ Other: _____
Personal Maintenance ___ Healthy relationships ___ Support groups (AA, NA, GLSEN, etc) ___ Stress management ___ Anger management ___ Parenting classes ___ Other: _____	Personal Hygiene and Cleaning ___ How to do laundry ___ Cleaning schedule for home ___ Hygiene maintenance ___ How to dress for success ___ Cons of visible tattoos/piercings ___ Other: _____	Financial Knowledge ___ Opening/managing checking account ___ How to make a budget/money management skills ___ How to balance a checkbook ___ Understanding potential dangers of credit cards ___ Conducting a credit report check ___ Resolving credit issues ___ Understanding debt consolidation ___ Knowing how and when to file taxes ___ Understanding a check stub ___ Managing savings account (saving \$ _____/month) ___ Understanding retirement/saving for the future ___ Understanding dangers of Payday Loans/Check Cashing ___ Understanding Buy Here/Pay Here and Rent to Own ___ Other: _____	
Mental/Physical Health ___ Information about Affordable Care Act ___ Access to health insurance/Medicaid ___ Primary physician or info on free clinics ___ Importance of regular physical/dental exams ___ How/when to call for an appointment ___ When to go to the ER ___ How to get/refill prescriptions ___ Where to go for pre-natal care ___ Education on pregnancy prevention ___ Dangers of alcohol/tobacco/drug use ___ How/when to contact Boys Town Hotline ___ Copies of medical records (dental, vision, immunizations, diagnoses, meds, etc.) ___ Copies of mental health records ___ Other: _____	Employment ___ Driver's license/identification card or original social security card ___ Job searching ___ Interview skills/mock interviews ___ Professional interview outfit ___ Resume (including references) ___ Education on professional behavior ___ Conflict management skills ___ How to select employment benefits ___ Job shadowing/mentoring ___ Volunteering/internships ___ Participating in work study ___ Resolving criminal history ___ Locating a daycare ___ Other: _____	Education ___ Copies of school/education records/transcripts ___ Copy of high school/GED diploma ___ Information on local GED or modified diploma programs (if needed) ___ Updated copy of IEP (if applicable) ___ College visits ___ ACT/SAT prep and testing times and places ___ FAFSA application ___ Education and Training Voucher program application ___ Information on other financial aide ___ Bridge to Independence program application ___ Other: _____	
Documentation ___ Original social security card ___ Original or certified copy of birth certificate ___ Driver's license or state identification card ___ Immigration/citizenship documents (green card, school visa, etc.) ___ Copy of final court order or letter from DHHS indicating the youth was a state ward and date of discharge ___ Documentation of social security or other benefits ___ Death certificate(s) of parent(s) (if applicable) ___ Voter registration form or card ___ If male, registered for the Selective Services ___ Personal filing system (lock box, file folder, etc.) ___ Other: _____		Permanency ___ List of supportive adults to contact when in crisis ___ Contact information for all relatives (if appropriate) ___ Contact information for siblings ___ Life Book/compilation of personal history and photographs ___ Copy of family finding report (if applicable) ___ How to obtain a copy of foster care case file/court file ___ Mentoring program ___ Other: _____	

Housing

- | | | |
|---|--|---|
| <input type="checkbox"/> How to look for housing | <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Co-habitation prep/pros and cons of living with a roommate |
| <input type="checkbox"/> Understanding rental agreements | <input type="checkbox"/> Working with utilities companies | <input type="checkbox"/> Up-keep (home repairs) |
| <input type="checkbox"/> Understanding renters' insurance | <input type="checkbox"/> Importance of paying rent on time | <input type="checkbox"/> House maintenance (cleaning) |
| <input type="checkbox"/> Understanding how leases work | <input type="checkbox"/> Other: _____ | |

X _____
Young Person

Date: ____/____/____

X _____
NFC/DHHS Worker/Guardian (if applicable)

Date: ____/____/____