

Chafee Foster Care Independence Program Referral El Paso County Department of Human Services

- Meet Program Area 4,5, or 6 target group eligibility requirements, in a non-secure setting, with the Division of Youth Corrections, or meet requirements for ongoing Chafee services in the state where the youth emancipated, was adopted or entered relative Guardianship, if other than Colorado.
- Youth who have experience out of home placement at ages fourteen (14) or older, for at least one day.
- Youth ages eighteen (18) to twenty-three (23) who were in out of home placement a day after their 18th birthday.

Youth Name	Age	Sex	Date of Referral
SSN#	HH#		State ID
DOB	County of Residence	Legal Status: D&N	Delinq

Placement Provider	Placement Phone
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Placement Address	City	Zip
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Referring County	CPA Name
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Caseworker/Client Manager

Address

Phone	Fax Number	Email
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<u>Type of Placement</u>	<u>Ethnicity</u>
Family Foster Care	Hispanic
Group Home	Black
RCCF/RTC	American Indian
Kin Care	Asian
SILP	Caucasian
Adopted/Relative Guardianship	Other

Verified US citizenship or eligible non-citizen Yes No

Level of Need:

Teen Parent Sexual Offender

Developmentally Delayed Physically Disabled

History of Homelessness History of Human Trafficking

Substance Use Mental Illness

Adjudicated Delinquent

Reason for Placement

Date of initial placement

Name of School

Last Grade Completed

GED

Currently Employed Employment History

Does youth have significant emotional and behavioral problems that will be a factor in planning for emancipation? Are biological parents a resource? Please explain:

**Please Attach FSP Part 4D with signatures.
A letter will be sent to the caseworker if the youth is placed on a wait list.**

