



YVLifeSet® Program-Referral Form

Young Adult Name:

Date of Referral:

DOB:

Age:

Race:

Gender:

Young Adult Contact Information:

Current Address:	
Currently In Care: (receiving DHS/CUA services)	
What Type of Placement if In Care:	<input type="checkbox"/> Group home <input type="checkbox"/> Foster Home <input type="checkbox"/> Own Apartment <input type="checkbox"/> Kinship Home <input type="checkbox"/> Not residing in assigned placement
Current Phone Number:	
Other possible contact Number:	
E-Mail Address:	
Facebook Name:	
Other Possible Address:	

Other Support Information: (If applicable)

Please include at least one emergency contact. Include all formal support services in which the young person is involved (i.e. school counselor, AIC coach, mental health therapist).

CUA worker :	Contact Phone Number:	
Other Support:	Contact number:	Relationship:
Other Support:	Contact number:	Relationship:
Other Support:	Contact number:	Relationship:

Referral Source Information: (If applicable)

Organization/Name	
Contact Information	

MORE ON PAGE 2

Please select the areas below that you would want to address as a part of the YVLifeSet program:

- | | |
|---|---|
| <input type="checkbox"/> Safe and stable housing | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Education attainment | <input type="checkbox"/> Banking and money management |
| <input type="checkbox"/> Employment attainment | <input type="checkbox"/> Healthy relationships |
| <input type="checkbox"/> Access to community resources
(SNAP, WIC, Medicaid) | <input type="checkbox"/> Building positive supports |

Please elaborate below:

Please select any of the following items that are currently present in the young person's life (NOTE: the presence of these items does not exclude a young person from participating in YVLifeSet):

- Current homicidal, suicidal, or psychotic behavior within the past 90 days
- Hospitalization for psychiatric issues within the past 30 days
- Gang affiliation without the ability to safety plan
- History of criminal involvement
- History of violent crimes
- Extreme physical aggression
- Current involvement in a relationship with domestic violence
- Access to weapons that cannot be monitored
- Intellectual or developmental disabilities that impair ability to meet independent living goals
- Concerns with a specific gender of specialist

If any of the above items are selected, please explain below:

Please send completed form to:

YVLifeSetReferrals@turningpoints.phmc.org

Any referral or program inquiries:

Katie Reiter-Lavery, Program Coordinator

kreiterlavery@turningpoints.phmc.org

Lauren Willis, Program Director

lwillis@turningpoints.phmc.org