

## OLDER YOUTH PROGRAM (OYP) REFERRAL, CD93, INSTRUCTIONS

**Purpose:** This form is used in conjunction with other forms to refer older youth for OYP Services including Chafee Foster Care Independence Program Services, Transitional Living Services (group homes and scattered sites), and Aftercare Services. This form also provides contact information of the youth for the service provider and assists the Older Youth Transition Specialist when transferring between regions.

**Number of Copies & Distribution:** This form consists of one page. The form is mailed or faxed to the Older Youth Transition Specialist in the perspective region along with other referral information. One copy is filed in the Older Youth section of the case record each time the form is completed.

### Instructions for Completion:

**Identifying Information:** Complete each box with the appropriate information - name, date of birth, and DCN of the youth being referred. If the youth has given birth and/or has parental rights, check the yes box. The current address of the youth, placement name and type should be completed for the youth as well as the youth's e-mail address and telephone number. Information for the service worker and case manager should also be completed – name, county, telephone number and email address.

**Chafee Independence Services Requested (Ages 14-21):** Eligible youth are ages 14-21, currently in the legal custody of the Division and in out-of-home placement; youth, who exited legal custody of the Division on or after the age of 17.5 but have not yet reached age 21, and youth, who after age 16 or older, leave foster care for adoption or guardianship. Check the appropriate box depending on the referral type or if a referral is not being made for services due to incapacitation. A referral may be made for more than one service. If a referral is being made for Chafee services, the Adolescent FST Guide & IAP and the ACLSA forms box must be checked. The forms must be attached and the date these forms were completed listed. Forms included with the referral form must have been completed within the last six months of referral date in order for a referral to be accepted.

**Transitional Living Group Home/Scattered Site Services Requested:** The Transitional Living Program (TLP) is intended for a youth, age 16 or 17 and over; whose permanency goal is not reunification, adoption or legal guardianship. Check the appropriate box depending on the referral type. If a referral is being made for Transitional Living Group Home or Scattered Site Services, the Adolescent FST Guide & IAP and the ACLSA forms box must be checked. The forms must be attached and the date these forms were completed listed. Forms included with the referral form must have been completed within the last six months of referral date in order for a referral to be accepted. The CS-9 Packet must also be included and completed within the last 30 days.

**Currently Enrolled In/Receiving Services or Support From:** Check the appropriate box as it pertains to the youth being referred. One box should be checked for each line.

**Additional Comments:** Include comments that would assist the Older Youth Transition Specialist and the service provider regarding the referral. The comments section should also be completed if a referral is not being made based on youth's incapacitation and the disability level described in this section. The worker making the referral and their supervisor should sign and date the form in this section. The date the worker enters is the date that the packet is provided

to their supervisor. The date that the supervisor enters is when the packet is reviewed and ready to send to the OYTS.

**Chafee Aftercare Services Requested:** Eligible youth are between the ages of 17.5 to 21, who left foster care at age 17.5 or after, but have not reached age twenty-one. This section should be completed by checking yes or no as to whether services are being requested. The date that the youth was released from custody should be entered and indicate by checkbox whether the CFCIP Support Application, CS-ILP-4, form is completed and attached.

**For Use by the Older Youth Transition Specialist:** This section is completed by the Older Youth Transition Specialist. The name of the OYTS receiving the referral, date the referral was received from the worker and the date that the referral packet was sent to the service provider or OYTS is entered as well as information as to who the referral packet was forwarded to in terms of provider name, contact person and region.

**OYTS Comments:** This section is completed by the OYTS and used for additional information that would be helpful for the OYTS or the service provider.

**Forms Retention:** This form is filed in the Older Youth Program Services section of the case file and retained indefinitely.

**Memoranda History:**