



FOSTER YOUTH SERVICES



TUTORING SERVICES APPLICATION / REFERRAL

Eligibility

Youth, ages 10-18, residing in licensed children institution (group home), foster family agency certified home, licensed foster family home, and court-specified home in the County of Los Angeles. (Youth living with parents, relatives and extended family members are not eligible for services.)

Student Information

NAME OF STUDENT (LAST NAME, FIRST NAME, MIDDLE NAME)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH MONTH / DAY / YEAR		AGE
ETHNICITY: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____						PRIMARY LANGUAGE
SCHOOL CURRENTLY ATTENDING			SCHOOL DISTRICT			GRADE
DCFS SOCIAL WORKER/PROBATION OFFICER NAME		TELEPHONE NUMBER ()		E-MAIL ADDRESS		
		FAX NUMBER ()				
CASE NO:	TYPE OF PLACEMENT (CHECK ONE) <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Family Agency Home <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Other _____					
NAME OF CAREGIVER (LAST NAME, FIRST NAME, MIDDLE NAME)		GROUP HOME/AGENCY		TELEPHONE NUMBER ()		
CAREGIVER ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)						
<input type="checkbox"/> IEP. Explain:			<input type="checkbox"/> Special Education Needs			
Is student currently receiving services from other tutoring programs? <input type="checkbox"/> Yes (Specify): _____ <input type="checkbox"/> No						
TYPE OF TUTORING SOUGHT (CHECK ALL THAT APPLY)						
<input type="checkbox"/> 1) Literacy Skills <input type="checkbox"/> 2) Language Arts <input type="checkbox"/> 3) Math <input type="checkbox"/> 4) Science <input type="checkbox"/> 5) Other Subjects: _____						
<input type="checkbox"/> 6) CAHSEE Prep <input type="checkbox"/> 7) GED Prep <input type="checkbox"/> 8) Other (Specify): _____						

Information Required of Referrer

Please tell us why the student is referred for tutoring services.

(IF NOT DCFS SOCIAL WORKER/PROBATION OFFICER) REFERRER NAME	TELEPHONE NUMBER ()	E-MAIL ADDRESS
	FAX NUMBER ()	

Information Required of Student

Please tell us: 1) Why you choose to participate in tutoring services; 2) How you will benefit from this program; 3) If you are willing to commit to this program.

Certification

I certify that the information contained on this form is true and correct. I understand that I must notify my child's tutoring agency to facilitate continuation of the services provided to my child, if my child has moved. I understand that in order for my child to receive in-home services, an authorized adult must be present **at all times**.

Caregiver Signature

Date Signed

DCFS Social Worker/Probation Officer Signature

Date Signed

Application/Referral Submission

Please fax this application/referral and the student's most recent report card/progress report to the FYS counselor at (213) 637-3115 for assignment to **ONE** of the tutoring agencies listed below. Follow up with the agency assigned, if you have not been contacted one week after this application/referral is submitted.

Arriba Education

Tel (866) 378-0009

Fax (661) 480-1510

Club Z In-Home Tutoring

Tel (310) 414-0415

Fax (310) 414-2639

Total Education Solutions

Tel (323) 341-5630 & (323) 341-5580

Fax (323) 622-0727

ASSIGNED TUTORING AGENCY

DATE REFERRAL FAXED TO AGENCY

BY

Questions

Should you have any questions about the LACOE-FYS tutoring services, please call the FYS counselor at (213) 637-3105, or fax to (213) 637-3115.

FOR LACOE-FYS USE ONLY

APPLICATION/REFERRAL RECEIVED FROM	DATE	VIA
LACOE-FYS Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE	BY
COMMENTS		