

# LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## TILP TRANSMITTAL & SUPPLEMENT

All relevant data fields in this supplement must be completed along with the mandated TILP, in order to satisfy the planning documentation requirement for foster youth...beginning at age 14 and continuing until jurisdiction is terminated and the case is closed. This form also serves as the transmittal that conveys the signed TILP and TILP Supplement to the appropriate courtroom along with the court report, and/or to a transitional services/ILP Coordinator.

Regarding: \_\_\_\_\_ Youth's Name DOB: \_\_\_\_\_

**TO:**  **Juvenile Court**  
 Court Date: \_\_\_\_\_ Hearing type: \_\_\_\_\_ Department # \_\_\_\_\_

**Referral to ESTEP -- OR --**  **ILP CLASSES**  
 (FAX to 818/501-1945 along with page 1 of TILP)

**Referral to Emancipation Services Division for:**  
 ILP Coordinator     Skills Center Referral     Financial Aid Workshop  
 College Tour     .Special Event

**Housing Section**

Housing Referral: (check either THP or THPP below)  
 Emancipation Plus (placement program for High School Seniors - THPP)  
 Transitional Housing Program THP (for youth 18+ awaiting case closure)

"Bridges to Independence" Events

**Adolescent Services**

Teens on Wheels     Mentor Search     Events/Conferences

**Job Development**

Job Readiness     Job Fair

**Other** \_\_\_\_\_

**MacLaren Children's Center**

**FROM:SPA** \_\_\_\_\_ **Regional Office** \_\_\_\_\_ **CSW Name:** \_\_\_\_\_

**CSW File#** \_\_\_\_\_ **CSW Phone:( )** \_\_\_\_\_ **ILP Coord Name:** \_\_\_\_\_

### SUPPLEMENTAL TILP INFORMATION

**ADDITIONAL PERSONAL DOCUMENTATION (check one)**

**DATE CURRENT TILP COMPLETED:** \_\_\_\_\_

	On file	Requested	N/A
Parents' Death Certificate			
*Placement History (Printout)			
*Family History (DCFS 4344)			
*Whereabouts of Supervised Siblings			
Certificate of ILP Completion			

*\* When requesting termination*

**ADDITIONAL CONTACT INFORMATION (When Recommending Termination of Jurisdiction):**

Youth's Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Street Address, City, Zip

Person Who Will Know Youth's Whereabouts After Emancipation: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**ADDITIONAL BASIC LIVING SKILLS INFORMATION (check one):**

Youth knows how to access Medi-Cal/health care services after case closure:  Yes  No

Completed By: \_\_\_\_\_ Submission Date: \_\_\_\_\_