

the academy

(Active, Creative, Accomplished, Determined, Extremely Motivated Youth)

Youth's Personal Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity: African American Hispanic/Latino Asian White Other: _____

Primary Language: _____ Other Languages Spoken: _____

School: _____ Grade: _____

Caregiver's Name: _____

DCFS/Probation Information

CSW/DPO's Last Name: _____ CSW/DPO's First Name: _____

Office Phone: _____ Email: _____

Office: _____ Placement Department: DCFS Probation

Has this youth been referred to ILP? Yes No

Transition Coordinator's Name: _____

Referred By (if not the CSW/DPO)

Name of Staff Submitting Request Form: _____

Agency: _____ Date of Submission: _____

Office #: _____ Fax #: _____ Email: _____

FOR INTERNAL USE ONLY

Date Rec'd _____ Receipt of Referral Confirmed: _____

ILP Referral Rec'd by Contractor: _____ Yes _____ No Youth Contacted: _____ Yes _____ No

Youth Enrolled in the Academy: _____ Yes _____ No

Comments: