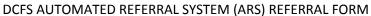
CAREER ADVANCEMENT/EMPLOYMENT FOR FOSTER YOUTH





Complete this form for youth ages 14-24 who are interested in participating in a 120-hour paid work experience program. Once the form is completed, submit to ilp.jobs@dcfs.lacounty.gov. It will be received and electronically transmitted to the youth's closest America's Job Center location within 2 business days. The center will then make contact with the youth. If you need assistance or have questions, please contact ilp.jobs@dcfs.lacounty.gov



What is the youth's current age?	Has a School	l or Gov Photo ID
14-15	Has a Social Security Card Has a TAP Card or other reliable transportation Ability to Obtain Work Permit (If under 18) Fully vaccinated against Covid-19	
16-17		
18-20		
21-24		
Have you talked to your youth, and she/he/they is interested in program?	•	
	YOUTH INFORMATION	
Youth Name:		
Address:	City:	Zip:
E-Mail:		SSN (Last 4):
Cell Phone #:	Alternative Phone #:	
Age: Date of Birt	th:	Gender:
	Race:	Hispanic or Latino
School Status:	IEP/504:	
If yes, what school/program:		
Is youth currently	If yes, how many	Does youth have child care?
expecting/parenting?	children?	
, , , , ,		Is youth ILP eligible?
Is youth currently on probation?	DCFS Case Status:	_
Identify as LBGTQ+:	Is youth a U.S. Citizen?	If no, do they have the Right to Work?
•	AL CONTACT INFO FOR CAREGI	_
Name:	Relationsh	uin to Vouth:
	Relationship to Youth:	
E-mail:	Phone Number:	
DCFS PE	RSONNEL REFERRING CONTACT	INFORMATION
Date:	DCFS Office Name:	
ILP Coordinator/CSW Name:		Phone Number:
E-mail Address:		
	For Administrative Use O	nly
WDB Assignment:	Date Assigned:	
Distribution: Original: Work Source Center:		

Copy: File Copy: DPSS LGSW