

**COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Transitional Housing Program (THP) for Homeless Young People
HOMELESS REFERRAL FORM FOR TRANSITION AGE YOUTH**

Please submit a walk-on report to the court and advise the youth's attorney to request a waiver of the notice requirement.

Youth Name

Date

Case Name

Case Number

ILP Coordinator / Outreach Advisor

Telephone Number

CSW / Region / Section

Telephone & Fax Number

Is case still open? Yes No: If yes, next court date Month _____ Day _____ Year _____

P 3 CSW? Yes No: if yes, Name _____ Phone No. _____

Brief statement regarding minor's current and future living arrangements.

Please submit along with this referral:

- | | |
|--|--|
| <input type="checkbox"/> 1. Disposition Report | <input type="checkbox"/> 2. Last Quarterly Progress Report* |
| <input type="checkbox"/> 3. Last Two Court Reports | <input type="checkbox"/> 4. Psychological Evaluation* |
| <input type="checkbox"/> 5. Educational IEP (state if not applicable) | <input type="checkbox"/> 6. Proof of High School Diploma/GED |
| <input type="checkbox"/> 7. Last Medical/Dental Report | <input type="checkbox"/> 8. Two Most Recent Pay Check Stubs |
| <input type="checkbox"/> 9. TILP Contract | <input type="checkbox"/> 10. Minute Order |
| <input type="checkbox"/> 11. Proof of School Enrollment (4yr., 2yr., Vocational, Trade College) | |
| <input type="checkbox"/> 12. Transitional Housing Program Application (completed by youth) | |
| <input type="checkbox"/> 13. List of Other Housing Programs That Have Been Contacted Within the Last 30 Days.
a) name of program b) date(s) of contact c) person contacted d) outcome | |

***If these items are not a part of the case, please indicate.**

Explanation of acronym:

- **CSW** Children's Social Worker
- **ILP** Independent Living Program
- **IEP** Individualized Education Plan
- **P3** Permanency Partners Program
- **TILP** Transitional Independent Living Plan

Mail or fax the referral to:

**Transitional Housing Program
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010
Phone: (213) 351-0190
Fax: (213) 637-0035
Attention: Lynn Durham**

Please allow a 30 day screening period before you call for a status update.