



CAREER ADVANCEMENT/EMPLOYMENT FOR FOSTER YOUTH

DCFS AUTOMATED REFERRAL SYSTEM (ARS) REFERRAL FORM



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?

- 14-15
- 16-17
- 18-20
- 21-24

- Has a School or Gov Photo ID
- 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

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 Birth: _____ Gender: _____

Race: _____ Hispanic or Latino

School Status: _____ IEP/504: _____

If yes, what school/program: _____

Is youth currently expecting/parenting?

If yes, how many children?

Does youth have child care?

Is youth currently on probation?

DCFS Case Status: _____

Is youth ILP eligible?

Identify as LBGQTQ+:

Is youth a U.S. Citizen?

If no, do they have the Right to Work?

ADDITIONAL CONTACT INFO FOR CAREGIVER/CARING ADULT

Name: _____ Relationship to Youth: _____

E-mail: _____ Phone Number: _____

DCFS PERSONNEL REFERRING CONTACT INFORMATION

Date: _____ DCFS Office Name: _____

ILP Coordinator/CSW Name: _____ Phone Number: _____

E-mail Address: _____

For Administrative Use Only

WDB Assignment: _____ Date Assigned: _____

Distribution:

Original: Work Source Center: _____

Copy: File

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