



Rhode Island Foster Care Association Life Skills Program Referral Form

For more information about the program, or to make a referral call the Life Skills Coordinator at 401-431-0557 or fax the information below to the Life Skills Program at 401-438-3901.

Referral Information		
Youth Being Referred:		
First Name:	MI	Last Name:
DOB:	School:	Grade:
Foster Parent:		
First Name:	Last Name:	
Address:		
Street	City	Zip
Telephone () ___ - ___ Day		() ___ - ___ EVE
Social Worker:		Telephone () ___ - ___
Address:		
Street	City	Zip
Person Referring: <input type="checkbox"/> Case Worker <input type="checkbox"/> Foster Parent <input type="checkbox"/> Teen <input type="checkbox"/> Other		
Special Considerations:		
Behavioral Problems: <input type="checkbox"/> _yes <input type="checkbox"/> _no		
Learning Disabilities:		
Medication:		
Youth aware of referral <input type="checkbox"/> _yes <input type="checkbox"/> _no		

FOR OFFICE USE ONLY	
Referral received by _____	Date/Time _____/_____/_____
Contact with youth made by _____	Date/Time _____/_____/_____
Assessment Scheduled <input type="checkbox"/> _yes <input type="checkbox"/> _no	Date/Time _____/_____/_____
Additional Comments: _____	

