

ASPIRE Initiative Referral Form
(formerly the RI Jim Casey Youth Opportunities Initiative)

General Information:

Referral Date: _____

Name of young adult: _____ DOB: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Email Address: _____

Referred By: _____

(Include relationship to young adult)

Where was the youth born (city and state of residence at birth)? _____

Has the youth experienced foster care at age 14 or older? YES (); NO ()

Current Living Arrangement: _____

Caseworker/Region: _____ Phone: _____

Participated in Life Skills Class YES (); NO ()

Does the young adult have a state ID? YES (); NO ()

Does the young adult have a driver's license? YES (); NO ()

Does the young adult have access to their social security card? YES (); NO ()

If yes please provide social security number: _____

Does the young person have access to their birth certificate? YES (); NO ()

Educational Information:

Is the young adult presently in school? YES (); NO () Highest Grade Completed ____

Name of present school or GED Program: _____

Address: _____

Employment Information:

Is the young adult currently employed? YES (); NO () If yes, provide the name and location where the young adult is employed? _____

Has the young adult ever been involved with a Rhode Island Youth Center?

YES (); NO () Location: _____

Refer this young adult for employment services? YES (); NO ()

Referral Disposition – for office use only

Status:

Financial Literacy Training: Participate in

Start Date: _____ Completion Date: _____

Assigned to: Agency: _____

Worker: _____

Date: _____

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