



# 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](mailto: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](mailto: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: \_\_\_\_\_

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