

LA County Department of Children & Family Services/ Department of Probation

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ Date: _____

SERVICE AGENCY INFORMATION (Please Print)Agency Name: Harbor Interfaith Services Email: fgarcia@harborinterfaith.orgAgency Address: 599 W. 9th St. San Pedro, CA 90731Phone Number: 424-276-3602 ext 308 Fax Number: 310-684-4031Employee Name: Flora Garcia Employee Title: CES SPA 8 Matcher for Adults & Youth

I, Flora Garcia, an employee of Harbor Interfaith Services, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: Flora Garcia Date: _____**SERVICE AGENCY TO SEND COMPLETED FORM:**DCFS Youth: to Greg Breuer at (213) 637-0035 fax or email breugr@dcfs.lacounty.govProbation Youth: to John Thompson at (213) 637-0036 fax or john.thompson@probation.lacounty.gov**TO BE COMPLETED BY LA COUNTY DCFS YDSD OR DEPT. OF PROBATION STAFF ONLY**☐ **LAHSA ILP Housing (For youth, ages 18 up to 21)**☐ **TLP/ CoC Housing (For youth, ages 18 up to 24)**

The above mentioned client is/was a current/former foster youth or received services from either the L.A. or _____ County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

☐ **THP+ Housing (For youth, ages 18 up to 24)**

The above mentioned client *aged-out* of foster care from either the L. A. or _____ County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.

Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ No: _____ Projected Term Date if known: _____

Case Termination Date: _____ ILP Eligible: Yes: _____ No: _____

DCFS/PROBATION HOUSING SPECIALIST NAME

DCFS/PROBATION HOUSING SPECIALIST SIGNATURE

Title

Date

ILP Eligibility criteria can be found on www.ILPOnline.org

Rev. 06/2018