**YCES**

**Referral for Educational/Vocational Support**

 **Please fill out referral with client (youth) and leave in Education Coordinator’s inbox**

|  |  |  |
| --- | --- | --- |
| **Date of Referral** | **Referring Person:**  | **Referring Person’s Email Address:**  |
| **Client (Youth) Name:** | **Client (Youth) Contact Number:** | **Client (Youth) Email Address:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Birth children (if any)** | **Birthdate** | **School** | **District** |
|  Gr.\_\_1. |  |  not enrolled |  LAUSD Charter Non-LAUSD Private |
|  Gr.\_\_2. |  |  not enrolled |  LAUSD Charter Non-LAUSD Private |

**Client (Youth) needs assistance with: \_\_\_\_\_\_\_\_\_Educational Options \_\_\_\_\_\_\_\_\_Vocational Options**

**Please do not write below line**

Date Referral was received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Initial Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Coordinator Interventions:**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Facilitate immediate school enrollment |   | Provide referral for Clothing resources  |
|   | Complete SRQ/MISIS documentation **(LAUSD students only)** |   | Provide referral for transportation support  |
|   | Verify SRQ/MISIS documentation **(LAUSD students only)** |   | Refer to other:  |
|   | Provide referral for backpack/school supplies  |   | Other:  |

Comments/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Q1 / Q2 / Q3/ Q4**

 **For Education Coordinator’s use only-**

|  |
| --- |
| **Strategy E14: Enhanced Services for Transition Aged Youth (Transitional Housing)** |
| **SY 2018-19** | **Total Youth** | **Total Family Households** | **Total Participants** |
| **Number of family members referred to childcare/EECs** |  |  |  |
| **Number of unaccompanied youth ages 16-24 linked back to LEA and/or post-secondary educational settings** |  |  |  |
| **Number of children in families linked to appropriate educational programs** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographics** | **Total Individuals** | **Race** | **Total Individuals** |
| **Under 18 (UA Youth)** |  | **White** |  |
| **18- 24 (UA Youth)** |  | **Black/African American** |  |
| **Under 18 (in family)** |  | **Asian** |  |
| **Pregnant/Parenting Youth** |  | **American Indian/Alaskan** |  |
| **18-24** |  | **Native Hawaiian/Pacific Is** |  |
| **25-54** |  | **Multi-Racial/Other** |  |
| **55-61** |  | **Unknown** |  |
| **62 & older** |  |  |  |
| **Unknown** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Total Individuals** | **Ethnicity** | **Total Individuals** |
| **Female** |  | **Hispanic/Latino** |  |
| **Male** |  | **Not Hispanic/Latino** |  |
| **Trans. Male -> Female** |  | **Unknown** |  |
| **Trans. Female -> Male** |  |  |  |
| **Other**  |  |  |  |
| **Unknown** |  |  |  |

Comments/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_