

Foster Youth Independence Center of Milwaukee, Inc.

604 E. Center Street Milwaukee, WI 53212

Phone: 414-264-6290 Fax: 414-264-6073

LIFE SKILLS PRACTICUM MANAGEMENT SERVICES

WORKSHOPS and TRAININGS- Individual

Source of Referral: _____ Referring Agency: _____

Case Manager/Ongoing Contact: _____ Telephone: _____

Address: _____

Supervisor Name: _____ Telephone: _____

Name of Training Participant: (Last): _____ (First): _____ (MI) _____

DOB: _____ Reason for referral: _____

Please indicate (X) which of the following workshop(s) you are requesting for the participant listed above.

- | | | |
|---|---|-----------------------------|
| _____ Aging Out | _____ Housing Options | _____ Support Networks |
| _____ Creating FYI 3 Binders | _____ Financial Management | _____ Cooking/Dietary _____ |
| _____ Needs Obtaining Vital Records | _____ Independent Living Options | |
| _____ High School Competition/GED | _____ Healthy Shopping and Spending | |
| _____ AODA/Sexual Health/Family Planning | _____ Post Secondary Education/Financial Aide | |
| _____ Job Placement Training and Career Options | | |

Completed by: _____ Date: _____