

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

REFERRAL FORM

Source of Referral: _____ Referring Agency: _____
Case Manager/Ongoing Contact: _____ Telephone: _____
Address: _____
Supervisor Name: _____ Telephone: _____
Name of Program Participant: (Last): _____ (First): _____ (MI) _____
DOB: _____ Reason for referral: _____

(Please attach additional information as advisable.)

Please indicate (X) which service(s) you are requesting for the program participant listed above.

Ansell-Casey Life Skills Assessment: Yes _____ No: _____ (required of all participants)
Individualized Independent Living Plan: Yes _____ No: _____ (required of all participants)

P.A.Y.A Curriculum:

- _____ Module I: Money, Home, Food Management
- _____ Module II: Personal care, Health, Social Skills and Safety
- _____ Module III: Education, Job Seeking Skills and Job Maintenance Skills
- _____ Module IV: Housing, Transportation, Community Resources, Understanding the Law and Recreation
- _____ Module V: Pregnancy (for parents and/or expectant parents)

Life Skills Practicum Services:

- _____ Aging Out Videos _____ FYI 3 Binder _____ Vital Records Procurement
- _____ High School Diploma _____ Support Group _____ Housing Assistance
- _____ Tutoring _____ Mentoring _____ Information and Referral
- _____ Home Management Services _____ Employment Readiness Skills & Job Coaching

Completed by: _____ Date: _____