

Youth Referral Form

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Youth's Information:

Youth's Name (Last, First):	Date of Birth:	Age:	Gender:	Race:
Youth's Address (Street, City, State, Zip):				
Current School Attending:			Current Grade Level (in or about to enter):	
Special Educational Services:				
Current Transition/Independent Living Services (if none, please indicate):				

DCFS Referral Information:

Person recommending youth:		Agency affiliation:	
DCFS Case Worker Name:		DCFS Worker's Cell phone #:	
DCFS Worker's Work Phone:	DCFS Worker's Fax #:	DCFS Worker's Email:	
DCFS Supervisor's Name:		Permanency Plan Goal:	
Caregiver's Name:		Home Phone #:	
Caregiver's Address (Street, City, State, Zip)			
Caregiver's Cell phone #:		Caregiver's Email Address:	
Caregiver's relationship to youth (foster family, group home counselor, relative, etc.):			
Does youth have a: (yes or no) CASA _____ Attorney _____ Mentor _____ Independent Life Skills Counselor _____ Other supportive party (please explain):			
Please describe why you think this youth is a good candidate for the BeREAL program:			
Signature:		Printed Name:	Date

OFFICE USE ONLY:

Recommendations for interview (Initial ___):

Date Interview Completed: _____ Recommend Acceptance: Yes ___ No ___ Signature

Final Acceptance Supervisor Signature: _____ Date
