



YOUTH FUTURES CHICAGO

Screening/Referral Form and Release of Information for Illinois Department of Juvenile Justice

Program Eligibility and Suitability Criteria:

Eligibility (must meet all of the following): ___ 16 years or older ___ No adult convictions ___ Involved in juvenile justice system (see qualifying categories below) in the last 12 months or currently ___ Low-income (youth or family is receiving public assistance or low-income) ___ Resides in Chicago target community (see map)

Suitability (should meet the following): ___ Committed to obtaining a job and/or achieving a high school diploma or GED

NAME OF YOUTH _____ ID # _____
DATE OF BIRTH ___/___/___ AGE: _____ TELEPHONE _____ EMAIL _____
RACE: WHITE BLACK HISPANIC ASIAN NATIVE AMERICAN OTHER; SEX: M F
PARENT/LEGAL GUARDIAN NAME _____ TELEPHONE _____

Referring Agency: **Illinois Department of Juvenile Justice** Aftercare Specialist Name: _____
PHONE NUMBER _____ EMAIL _____@doc.illinois.gov
DATE OF REFERRAL ___/___/___ Aftercare Specialist Signature _____

I, _____, hereby authorize **Illinois Department of Juvenile Justice** (“Referring Agency”) to share my contact information, basic demographic information and background information on my involvement in the juvenile justice system and educational progress (as it relates to my eligibility and suitability for the Youth Futures program) with the Chicago Cook Workforce Partnership (“The Partnership”) and its contracted partner agencies.

I hereby grant The Partnership and its contracted partner agencies the right to share my status or progress information (e.g., grades, progress reports, transcripts, certificates, employment status) in the Youth Futures initiative and any Workforce Investment Act (WIA) sponsored employment training programs with the Referring Agency.

Signature of Youth Date

Signature of Parent or Legal Guardian Date

Most recent involvement in the Juvenile Justice System:
___ Aftercare Program / Parole
Date placed in Aftercare Program: _____
Length of time for Aftercare Program: _____
Overall Yasi Risk _____

*** Please note that youth involved at other points in the juvenile justice system may also qualify for Youth Futures.*

Current grade or highest level of school completed: _____
Name of current school: _____

Check all services desired:
 G.E.D. classes Re-enrollment in high school
 Mentoring Education & Career Assessment
 Occupational Training Career Coaching
 Work internship Job Readiness Training
 Service Learning and Restorative Justice activities

Send Referrals and a copy of the PAROLE ORDER to:
Area # 1: SER; (e) kfernandez@il.sercohq.com; (f) 773-722-4943 / Austin, E./W. Garfield Park; Humboldt Park, N./S. Lawndale, LWSide, NWSide
Area # 2: Aunt Martha’s; (e) lsharris@auntmarthas.org; (f) 708-679-8136 / South Chicago, South Shore
Area # 3: Phalanx; (e) ttownsend@phalanxgrpservices.org; (f) 773-291-1434 / Burnside, S. Deering, Pullman, W. Pullman, Riverdale, Roseland
Area # 4: Metropolitan; (e) brownc@metrofamily.org; (f) 773-371-3699 / Auburn Gresham, Chicago Lawn, W. Englewood, Englewood, Fuller Park, Greater Grand Crossing, Washington Park, Woodlawn

**** This referral form may be relied upon as proof of client’s status in the juvenile justice system at time of referral and used for program eligibility determination.** If you have any questions, please contact Carole Ko at cko@workforceboard.org or Michelle Rafferty at mrafferty@workforceboard.org