

Chafee Community Support Services

Application / Referral

Completion of FC-18 is not required to qualify for Community Support Services.

Complete this information and fax to 304-558-4563

Referring Source Information

Referring Source Name:

Organization:

Referral Date:

Referring Source Address:

Referring Source Phone:

Referring Source Email:

Youth Information

First Name:

Last Name:

Case #

Client ID #

Current Address:

(City)

(State)

(Zip)

County:

Telephone Number:

Message Phone:

E-Mail Address(es):

Birth Date:

Social Security Number:

Male

Ethnicity:

Is the young person Hispanic or

Female

Latino: Yes or No

Describe the plans that this young person has for their future:

Services Requested:

- Addictions Education
- Basic Home Management / Life Skills
- Career Planning
- Consumer Awareness
- Education Vocational
- Educational Advocacy
- Educational Assessment
- Educational Funding
- Educational Planning
- Educational Services
- Educational Supplies
- Employment Services
- Family Planning
- Financial Services
- GED Preparation & Support
- Health Education

- Healthy Relationship Education
- Homework and Study Skills Assistance
- Household Services / Start-up
- Housing Education
- Housing Rent
- Independent Living Needs Assessment
- Independent Living Subsidy
- Literacy Training
- Medical Services
- Mentoring
- Parent Education & Training
- Personal Identity Protection
- Transportation (Routine)
- Tutoring
- Utilities
- Vocational Testing / Counseling
- Youth Transitioning Transportation

What steps have been taken towards
post-secondary education?

List One Adult Connection this Young Person Maintains:

(Name)

(Street Address)

(City)

(State)

(Zip)

Telephone Number:

Message Phone:

E-Mail Address:

What other information is important for the transition of this youth to adulthood?

To be completed by CSS Provider:

Date CSS Referral Entered:	Date CSS Referral Assigned:	Date CSS Referral Screened:
Assigned CSS Worker Name:		Why Screened:

REFERRAL DISPOSITION

Accepted Primary Assignment Secondary Assignment

Date: _____ Worker: _____

Screened Date: _____ Reason: _____

For additional information contact:

The West Virginia Chafee Foster Care Independence Program

350 Capitol Street, Room 691

Charleston, WV 25301

FAX: 304-558-4563

Chafee@hsc.wvu.edu

1-866-720-3605

Website: <http://www.cedwvu.org/programs/chafee/index.shtml>