



### MYTIME MEETING REFERRAL

*Moving Youth Towards Independence & Meaningful Emancipation*

**Fax: 408-793-8809**

***\*Referral will NOT be processed without attaching a current TILP.***

Social Worker's/Probation's Officer Name		Social Worker #		Referral Date	
E-mail		Phone		Supervisor's Name	
Next Court Date		Type of Hearing		Supervisor's Phone	
Case Name (DFCS)		Case Number (DFCS)			
Mother's Name		Father's Name			
Mother's Date of Birth		Father's Date of Birth			
Youth's Name		Date of Birth		Petition Number	
Service Category: Choose One		Type of Placement: Choose One			
Is this a follow-up MYTIME Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the youth emancipating within 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the youth need Family Finding services for connectivity and/or placement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the youth placed out of county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what county? _____					
ILP Case Manager Name:* _____ Phone: _____					
* If unknown, contact DFCS ILP					
Does the youth have a child? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, is the youth's child a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the youth/family have any cultural and/or language needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for which language: _____					
Are there any areas of conflict or other issues that the facilitator needs to be aware of (e.g., restraining order, recent suicidal ideation, gang affiliation, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
Does the youth have mental health or processing challenges which may impact participation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
Does the youth need Mental Health services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the youth currently connected to Mental Health services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					

Is the youth a client of San Andreas Regional Center (SARC)?  Yes  No

Does the youth need SARC services?  Yes  No

**Education:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Number of credits needed to graduate: \_\_\_\_\_ Does the youth have an IEP?  Yes  No

Has the youth changed schools in the 11<sup>th</sup> or 12<sup>th</sup> grade?  Yes  No

Indicate concerns that affect the youth's education, if any:

Truancy  Behind in Credits  Multiple School Placements  Academics  Behavior

Other concerns, explain: \_\_\_\_\_

Is the youth employed?  Yes  No

Expected Graduation/ GED Completion Date: \_\_\_\_\_

Expected Case Dismissal Date: \_\_\_\_\_

**Persons to be Invited to the Meeting**

Please complete with the youth and include individuals whom the youth has identified as his/her "circle of support" (e.g., family, friend, aunt, uncle, grandparents, significant other, counselor, teacher, etc.).

JDM Unit will notify the youth's attorney and ILP.

	Name	E-mail	Phone #	Relationship to Youth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

- Social Worker/Probation Officer will be contacted to arrange date, time and location of the MYTIME Meeting. (Please have a few options in mind, providing one month in advance from date of phone contact with JDM Unit.)
- Childcare is to be arranged by the Social Worker/Probation Officer and caregiver for children under 12 years old.