



Youth CAN Referral Information Sheet



Name: _____ Date of Birth: _____

Age: _____ Phone: _____

Email: _____ Referred by: _____

Address: _____

Is this a stable living situation? Yes No

Qualifier: Homeless Foster Care
Dropout Individual with a disability
Offender Low Income & needs additional
Pregnant/Parenting Youth assistance barrier or basic skills deficient

Last Grade Completed: _____ Last School Attended: _____

Number in Family: _____ Family Income: _____

Career Goal: _____

Documentation Checklist: Signed Social Security Card Qualifying Documents
State Issued ID or DL
Birth Certificate (17 and under)
Selective Service (18 & older males)

Notes: _____

Case Manager

Date of contact