



FOSTER YOUTH SERVICES

TUTORING SERVICES APPLICATION / REFERRAL 2013-2014

Eligibility

Youth, ages 4-21, residing in a licensed children's institution (group home), foster family agency certified home, licensed foster family home, and court-specified home in the County of Los Angeles. Youth living with parents, relatives and extended family members including ASFA (Adoption and Safe Families Act) approved homes are not eligible for these services. Please note FYS Tutoring Services ends on 06-30-2014

Section I - Student Information

Form with fields for student information: Name, Gender, Date of Birth, Age, Ethnicity, Primary Language, School, Enrollment Date, District, Grade, DCFS Contact, Case No., Placement Type, Caregiver Info, Address, IEP/Needs, Tutoring Services, and Tutoring Sought.

Section II - To Be Completed by Referrer

Form with fields for referrer information: Referrer Name, Telephone Number, Fax Number, E-mail Address, and reasons for referral (e.g., Behind in Grade Level Work, Has Not Passed CAHSEE, School Behavior Problems).

### Section III - To Be Completed by Student Optional

Please tell us: (1) Why you choose to enroll in tutoring program; and (2) If you are willing to commit to this program.

Do we have permission to contact your teacher/counselor about your progress?

Yes     No    Signature: \_\_\_\_\_

### Section IV - Certification and Submission

I certify that the information contained on this form is true and correct. I understand that I must notify my child's tutoring agency to facilitate continuation of the services provided to my child, if my child has moved. I understand that in order for my child to receive in-home services, **an authorized adult must be present at all times.**

\_\_\_\_\_  
 Caregiver Signature/Youth Advocate Date

\_\_\_\_\_  
 DCFS Social Worker    or     Probation Officer Signature Date  
 (Check one)

\_\_\_\_\_  
 Telephone Number

### Application/Referral Submission

Please fax this application/referral to the FYS office at (562) 922-6781

### Questions

Please call the FYS Coordinator at (562) 922-6234 for questions or concerns about the LACOE-FYS tutoring services program.

## LACOE-FYS APPROVAL

<p>CHECKLIST</p> <p><input type="checkbox"/> Student Information Completed</p> <p><input type="checkbox"/> Referrer Section Completed</p> <p><input type="checkbox"/> FYS Grant</p> <p><input type="checkbox"/> Signatures Affixed</p>	<p>LACOE-FYS DECISION</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Denied    <input type="checkbox"/> Referred to FYS Counselor    <input type="checkbox"/> Referred to Other Resources</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 40px;">DATE REFERRAL RECEIVED</td> <td style="width: 25%;">DATE REFERRAL FORWARDED TO TUTORING AGENCY</td> <td style="width: 25%;">DATE REFERRED TO FYS COUNSELOR</td> <td style="width: 25%;">DATE REFERRED TO OTHER RESOURCES</td> </tr> </table> <p>COMMENTS</p>	DATE REFERRAL RECEIVED	DATE REFERRAL FORWARDED TO TUTORING AGENCY	DATE REFERRED TO FYS COUNSELOR	DATE REFERRED TO OTHER RESOURCES
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