



B:E is partnering with Alameda County Social Services to support successful Supervised Independent Living Placements (SILP) for Non Minor Dependents (NMD) and offer them a range of resources and opportunities to build the skills and relationships essential for independent living.

# Request for B:E SILP Program Participation

CAREFULLY PRINT IN BLACK OR BLUE INK

Referred Source: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## NON MINOR DEPENDENT (NMD) INFORMATION

Client Name: \_\_\_\_\_ indicate all possible last names Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text? Y\_\_ N\_\_

Email: \_\_\_\_\_ High School diploma? Y\_\_ N\_\_ GED? Y\_\_ N\_\_

Employed? Y\_\_ N\_\_ Employer: \_\_\_\_\_ Pregnant? Y\_\_ N\_\_ Parenting? Y\_\_ N\_\_

TLC Scheduled? Y\_\_ N\_\_ If yes, when? Date: \_\_\_\_\_

Pre-SILP       In-SILP       In Between Placements       Other: \_\_\_\_\_

Please Check One:  NMD Child Welfare     NMD Probation     Emancipated Youth     Legal Guardianship

## SOCIAL WORKER INFORMATION

Social Worker Name: \_\_\_\_\_ County: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CAREGIVER INFORMATION

Caregiver Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Please rank participants needs for services (1-high priority & 8-low priority)

Employment Services <input type="checkbox"/>	Education Services <input type="checkbox"/>	Housing Service Support <input type="checkbox"/>	Childcare Resources <input type="checkbox"/>
Mental Health Resources <input type="checkbox"/>	Mentorship/Coaching <input type="checkbox"/>	Wellness Referrals <input type="checkbox"/>	Budgeting <input type="checkbox"/>

URGENT SAFETY NEEDS: