



HerShe Candidate Referral Form

HerShe Serves Current & Former Female Foster Youth, Ages 17-21

Date of referral: _____ Date received (*office use only*): _____

Referrer's name: _____ Relationship to youth: _____

Referrer's phone number: _____ Email Address: _____

Name of DFS worker: _____ Site: _____

DFS worker phone number: _____ Email Address: _____

*The following questions pertain to the foster youth whom you are referring to the **HerShe Program**. Please answer the questions as accurately and completely as possible.*

Youth's name: _____

Youth's phone number: _____

Youth's email: _____

Age: _____ DOB: _____ Age: _____

Current placement status: _____ Foster Home Name of Foster Agency: _____
_____ Treatment Home _____ Parent/Guardian _____ Relative Caregiver _____ Independent Living (IL) Agreement

School Status: _____ In High School _____ Attained Diploma/GED/HiSET _____ Attending College _____ Drop Out

Is the youth currently employed? _____ Yes _____ No If Yes, _____ Part-time _____ Full-time

If employed, name of company: _____

Supervisor's name/phone: _____

Is the Youth receiving AB350 Funding? _____ Yes _____ No

Is the Youth receiving Step-Up Services? _____ Yes _____ No

Is the Youth receiving BSR or PST Services? _____ Yes _____ No

Is the Youth receiving Medicaid Fee for Service? _____ Yes _____ No

Is the Youth enrolled in a WIOA program? _____ Yes _____ No

Please bring this form with you when you come to tour the home.

For further information about the program – please visit www.hershevegas.org or call 702-757-6588