



**DHS REFERRAL to
Portland Children's Levy Funded Foster Care Services**

Instructions: DHS Staff complete items 1. Referral to Portland Children's Levy Funded Service Provider and 3. DHS portion of Eligibility Verification below and send to the program contact identified on the List of Portland Children's Levy funded Foster Care Programs, located on DHS's shared contacts in Outlook as Portland Children's Levy 0219. (see complete instructions on page 3)

1. Referral to Portland Children's Levy Funded Service Provider (to be completed by DHS)
Child/Youth Name: _____ DOB: _____ Street Address: _____ City: _____ Zip code: _____ OrKids 7-digit Person Number: _____ Birth Parent Zip code: _____ Currently in sub-care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", was youth in sub-care at least 180 days after age 14 and exited DHS sub-care after age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other School: _____ Grade: _____ <input type="checkbox"/> Not school-age Academic Priority? <input type="checkbox"/> Yes <input type="checkbox"/> No IF High School Student , on track to graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child's parent 21 or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the referred youth a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of placement (check one): <input type="checkbox"/> Family foster home <input type="checkbox"/> Group home <input type="checkbox"/> Relative <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Subsidy <input type="checkbox"/> Other than Foster Care <input type="checkbox"/> Independent <input type="checkbox"/> Chafee Housing <input type="checkbox"/> Residential (list facility): _____ Foster Parent(s): _____ Phone Number: _____ Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> White <input type="checkbox"/> African Immigrant/Refugee <input type="checkbox"/> Eastern European Immigrant/Refugee <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial/Multiethnic
DHS REQUEST FOR PCL-FUNDED SERVICES
Referral sent to (PCL-funded Program Name): _____ Services requested: _____ _____ Caseworker Name: _____ Phone: _____ ext. _____ Branch/Tribe: _____ Mailing Address: _____ Email: _____ Fax: _____ Supervisor: _____
2. PCL-FUNDED SERVICE PROVIDER REFERRAL OUTCOME (to be completed by PCL-funded Program)
Date Referral Received: _____ Date Child Enrolled in PCL-funded Program: _____ If child/youth did not engage in services, list reason(s): _____ _____

Eligibility Verification for Portland Children's Levy

3. DHS Caseworker/designee to complete for children referred by DHS to PCL-funded services:

OrKids 7-digit Person Number: _____ Date of Birth: _____

DHS Caseworker: _____

I approve the enrollment of this child/youth in the above PCL-funded program. Yes N/A

DHS Caseworker/Designee Signature: _____

If Designee signing, Designee's Name: _____

Date referred to PCL-funded services/determined eligible: _____

4. PCL-funded Program to complete:

Program Name: _____ Program Contact: _____

Date child/youth enrolled in PCL-funded program: _____

Once complete, PCL-funded program to send Page 2 of the completed Referral form to Joel Broussard at joel.broussard@portlandoregon.gov.

Do not send page 1, it includes children's names and other confidential information.

INSTRUCTIONS FOR DHS STAFF

ELIGIBILITY REQUIREMENTS for PCL-funded programs

- 1) Child/youth is in sub-care or “aged out” of foster care at the time of program enrollment (there are some variations on this for the New Avenues to Youth program & Janus/Insights program);
- 2) Child/youth currently resides in Portland city limits and/or the child’s birth parent/guardian resides in Portland city limits;
- 3) See the List of Portland Children’s Levy-funded Foster Care Programs, located on DHS’s shared contacts in Outlook as Portland Children’s Levy 0219, for additional program eligibility requirements. The list summarizes services available, eligibility requirements and contact information for each program. Contact the program directly with any questions regarding their services.

Instructions

DHS Caseworkers/Designees send the referral form directly to the program for which you are requesting services. If you are requesting services from multiple programs for a child/youth, send a separate referral form to each program. Refer to the List of Portland Children’s Levy funded Foster Care Programs

Instructions for completing the form:

- Provide all information requested in the following sections:
 1. Referral to Portland Children’s Levy Funded Service Provider
 3. Eligibility Verification for Portland Children’s Levy - portion designated for DHS staff

Incomplete referral forms may delay access to services. A child is not automatically enrolled in services upon referral. Within 3 days of receiving the referral, the PCL-funded program will provide written notification advising of the referral outcome – date child/youth enrolled in program or reason why child/youth was not enrolled.

INSTRUCTIONS FOR PCL-FUNDED PROGRAMS

Receive Referral from DHS for Services

Within 3 days of receiving a referral from DHS for services, complete the section of the form titled “PCL-funded Service Provider Referral Outcome”. Send the completed form to the DHS Caseworker/Designee. If your program enrolls the child/youth in services, complete the section titled “Eligibility Verification for Portland Children’s Levy” (section designated for PCL-funded Program).

Eligibility Verification for Portland Children’s Levy

When both sections of the “Eligibility Verification for Portland Children’s Levy” are complete, send a copy of page 2 of the form to joel.broussard@portlandoregon.gov. **Do not send page one of the form as it contains children’s names and other confidential information.**

QUESTIONS

Portland Children’s Levy Contact: Joel Broussard; joel.broussard@portlandoregon.gov or 503.865-6786.