



Iowa Department of Health and Human Services
SAL+ Life Skills Service Referral Form

The SAL+ Life Skills Program provides an “Aftercare-like” life skills service for the youth while in a Supervised Apartment Living (SAL) scattered site placement. The SAL+ Life Skills provider, Foundation 2, will deliver services in the youth’s apartment or other setting selected by the youth and the worker. Services are available only in Linn County, Iowa.

Date of referral:

Referral provided by: Contact information:

Youth Information

Name	Date of Birth	State ID
Best way to contact youth (provide phone or email)		
Gender (<i>how youth identifies/may decline to answer</i>)	Race/Ethnicity (<i>how youth identifies/may decline to answer</i>)	Primary language Translation services needed?
Education Level (<i>grade</i>)	Special Education (Yes/No)	Expected H.S. Graduation Date (<i>mm/yyyy</i>)
Case Life Skills Assessment Date completed by youth: Attach copy, if applicable	Pending court issues or protection orders	Pregnant (yes or no)? Actively parenting a child (yes or no)?
Housing Status		
Previous foster care placement (select one): <input type="checkbox"/> Family foster care <input type="checkbox"/> QRTP <input type="checkbox"/> Shelter <input type="checkbox"/> SAL cluster site <input type="checkbox"/> SAL scattered site <input type="checkbox"/> Other <input type="checkbox"/> None	SAL housing situation (select one): <input type="checkbox"/> Living with previous foster care provider <input type="checkbox"/> Living with friend(s) <input type="checkbox"/> Living with family member <input type="checkbox"/> Living alone <input type="checkbox"/> Other Explain:	Address where the youth will reside in SAL: If no address is identified, describe plan:

Referring Worker Information

Referring Worker Name	Phone	HHS or JCS
Email	County	City, State

Involved Service Providers and Informal Connections

Family-Centered Services	Next YTDM OR YCPM (Date and Facilitator)	
IHH	BHIS	Adult Services
Other supports, such as kinship connections, mentors, or peers		

Additional Information

Provide information to inform service delivery (e.g., transition plan, youth's interests, behavior issues, etc.). Documents referenced should be attached this referral, if available, or indicate who created them in this field.

Send completed referral form to Joanie Havel, IASN Coordinator at: jhavel@iastate.edu