

## MoveFwd TLP Scattered Site Program Case Manager Referral

The responses to this survey will be used to assess the youth's maturity level and emotional/behavioral independence, establish the degree of supportive services needed and identify case plan objectives. Please base your rating on your observations of the participant's behavior.

Applicant's Name: \_\_\_\_\_

Referring Case Manager: \_\_\_\_\_

How long have you worked with this youth? \_\_\_\_\_

**Rating Scale:**

A rating score of one to four (1-4) may be selected to each index in the survey. Score values are as follows:

- 1** = Skills are rarely observed.
- 2** = Skills are evident in some settings, but performance is inadequate, inconsistent, and dependent on prompts and guidance.
- 3** = Skills demonstrated in most settings, evidence of some level of internalization of skill.
- 4** = Skills are mastered at a high level of quality and demonstrated consistently in all settings.

Life Skill	4 Mastered	3 Evident	2 Sometimes	1 Rarely
Can develop a realistic plan with appropriate steps identified to achieve goals.				
Can establish priorities.				
Is capable of obtaining basic needs.				
Can develop and carry out a personal plan for goal achievement without supervision.				
Can anticipate, with limited input from others, what consequences might be associated with different choices.				
Demonstrates follow-through (goals, appointments, dependability)				
Has some ability to resolve conflicts with others. Knows where to get help if unable to resolve interpersonal conflicts alone				
Can identify personal strengths and needs (with assistance if necessary)				
Demonstrates maturity and responsibility				
Can ask for help				

**MoveFwd TLP Scattered Site Program  
Case Manager Referral (cont'd)**

Case Manager Referral For: \_\_\_\_\_ (applicant)

1. Please provide examples of how this youth has demonstrated maturity and responsibility.

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2. How would you describe the youth's character/personality? List some of their attributes:

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3. *Please contact a family member or supporting adult to answer the following question.*

Name of family member/supporting adult: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Please explain the youth's relationship with his/her family and indicate the reasons why it is not possible for the participant to live with his/her family.

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**MoveFwd TLP Scattered Site Program  
Case Manager Referral (cont'd)**

4. Do you have any concerns or suggestions in working with this youth? Please describe any potential challenges the youth may face while participating in MoveFwd's housing program?

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5. What level of service is needed:   \_\_\_Intense   \_\_\_Moderate   \_\_\_Minimal

Upon completion of this form, please save and submit to : [rachelyoung@movefwdmn.org](mailto:rachelyoung@movefwdmn.org)