FOSTER A DREAM
IS A PROGRAM OF
Volunteers of America®
NORTHERN CALIFORNIA & NORTHERN NEVADA

Program Referral Form

This information will be kept confidential and will be used to assist Foster A Dream in providing services.
A referral form must be fully completed and signed by the child's social worker. Completed forms will be reviewed by Foster A Dream's Program Director and the listed referring party will receive notice upon approval or denial. Please send completed forms by fax: (925)228-0202 or email: maria@fosteradream.org.

***Please type or print.**

1. Referring Party Information

Name: _____ Agency: _____

Relation to Youth: _____

Phone: (_____)_____ Email:_____

Main program communication will be by email.

2. Foster Child Information

Name: _____ Gender: □ Male □ Female Current Age: _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____ Email:_____

Birthday: ____/____/____ School Grade: _____Ethnic: _____

Length of Time in Foster Care: _____ Permanent/Long-term Care: □ Yes □ No

County of Origin: □ Alameda □ Contra Costa □ Marin □ Napa □ Solano □Other:_____

Placement Type: □Foster Home □Emergency □Kinship □Other:_____
□Group Home □Emancipated □AB12

3. Child's Caregiver Information *(AB12/After-Care youth are not required to complete)*

Caregiver Name: _____ Relation to Youth: _____

Phone: (_____) _____ Email:_____

4. Social Worker (County, Foster Family Agency or ILSP)

Name: _____ Agency: _____

Phone: (_____) _____ Email:_____

Signature: _____ (required) Date: _____/_____/_____

The signature of the Social Worker completes the referral process and certifies that the information on this form is true and correct. Misstatement of information may cause forfeiture of services.

INTERNAL USE ONLY: REC _____ DB _____ Approved/Deny Initial _____
□ Adopt A Dream □ GetSet □ Mentoring □ Senior Portraits □ D2D Scholarship □ Dream Store □ Wonderland
Notes:_____