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| Please email completed form to The CDU at [cdu@ssa.sccgov.org](mailto:cdu@ssa.sccgov.org) or drop off at The Hub, 591 N King Rd #1, SJ, CA 95133 | | | | | | | | | | | | | | | | | | | | | | |
| **YOUTH INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME: | | |  | | | | LAST NAME: | | |  | | | | | DOB: | | | /   / | | AGE: | |  |
| PHONE NUMBERS:  Cell (     )     -  Home (     )     -  Alternate (     )     - | | | | | | | BEST TIME/METHOD TO CONTACT:  Mornings  Afternoons    Phone call  Text  Email | | | | | | | SCHOOL STATUS:  Currently Attending :  **Y**  **N**  High School  Vocational  Community College  University  Name:  Grade/Year:  GPA: | | | | | | | | |
| EMAIL ADDRESS: | | | | |  | | | | | | | | |
| CURRENT ADDRESS: | | | | |  | | | | | | | | CITY: | | |  | | | ZIP: | |  | |
| ELIGIBILITY STATUS:  Current Foster Youth (Ages 15-20):  Minor *(15-17)*  NMD *(18-20)*  Former Foster Youth (Ages 15-24):  Emancipated  Exited before Emancipation | | | | | | | | | | | | | | | | PARENTING YOUTH:  Y  N  Child Care:  Y  N | | | | | | |
| ACTIVITIES/ INTERESTS: | | Sports - i.e.   Extracurricular Activities - i.e.  Other | | | | | | | | | | | | | | | | | | | | |
| WORK AREAS OF INTERESTS:  People/Customer Service Sales/Cashier Office Technology/Computers  Medical Animals Food Services  Backroom/Warehouse Outdoors Cars Working w/Children Adult Care Giving Don’t Know Other: | | | | | | | | | | | | | | | | | | | | | | |
| BARRIERS:  Criminal Record No/Little Work Experience Job Hopping/Multiple Terminations  Tattoos Learning/Physical Disability  Childcare Professional Clothing Transportation/No Bus Pass No ID  No SS Card Other: | | | | | | | | | | | | | | | | | | | | | | |
| SERVICES NEEDED:  Job Prep/Ready Set Work! Classes  Job Search/Applying for Jobs  Updating/Creating a Resume  Interview Prep  Help Keeping a Job  Volunteer Opportunities  Internship  Interview Clothing  Career Exploration  Looking for: Part-Time Full-Time Short Term/Temp/Seasonal Long Term/Permanent/Career Potential | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL COMMENTS: | | | | | | | | | | | | | | | | | | | | | | |
| **REFERRING PARTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| DATE: | /   / | | | | | FIRST NAME: | |  | | | | LAST NAME: | | | | |  | | | | | |
| PHONE NUMBER: | | | | (     )     - | | | | | EMAIL ADDRESS: | |  | | | | | | | | | | | |
| NATURE OF RELATIONSHIP: | | | | Social Worker  ILP Case Manager  Housing Case Manger  CASA  Foster Parent  Youth Engagement Specialist  Hub Front Desk Staff  Self  Other: | | | | | | | | | | | | | | | | | | |