

Referral / Interest Form

Scholars Program



UNITED FRIENDS of the CHILDREN

The *Scholars Program* is a college access and positive youth development program offering support to current and former foster youth in Los Angeles County in their pursuit of higher education. Learn more at www.unitedfriends.org.

To be eligible, students must meet the following criteria:

- Have an L.A. County D.C.F.S. open case**
(includes foster care, reunification, family maintenance, kinship or legal guardianship placements)
- Be in 6th – 12th grade, or College**

There is no minimum GPA requirement. Referrals for all grade levels are accepted year-round.
If the grade-level is at capacity at the time of referral, student will be placed on a waitlist.

Students with IEPs are gladly welcomed into our program. Given the limitations of our program however, students on a high school certificate track, or receiving any of the following services *are not eligible*, given their needs exceed the supports and accommodations our program offers.

- *Student spends over 50% of their school time in a Special Day Class (SDC)*
- *Student participates in Extended School Year (ESY) or*
- *Student has a one-on-one aide*

Don't hesitate to consult with us if you'd like to further discuss program fit for your student.

Submit this referral directly online at www.unitedfriends.org/scholars or:

Mail to: United Friends of the Children
c/o Scholars Program
1055 Wilshire Blvd. Suite 1955
Los Angeles, CA 90017

Call: 213.580.1850
Fax: 213.580.1820
Email: Scholars@unitedfriends.org
SE HABLA ESPANOL

Student Information

Name: _____ Date of Birth: _____ Age: _____

School: _____ IEP? Yes No Unsure Grade: _____

Phone: _____ Email: _____

Home Address: _____

Does this youth currently have an open case with D.C.F.S? Yes No Unsure

Is this youth adopted? Yes No Unsure Adoption Month/Year: _____

Caregiver Information

Name: _____ Relationship to youth: _____

Home Phone: _____ Cell Phone: _____ Preferred Contact: _____

Email: _____ Preferred Language: _____

Please continue on page 2

SCHOLARS PROGRAM: REFERRAL / INTEREST FORM

Referral Party Information

Name: _____ Relationship to youth: _____

Agency/School _____ Phone: _____

Email: _____

D.C.F.S. Social Worker* / Other Significant Adult

Name: _____ Relationship to youth: _____

Agency/School _____ Phone: _____

Email: _____

**If not the referral party*

Please answer the following questions to the best of your knowledge.

Part of our program includes one-on-one college counseling in the student's home *and* monthly workshops or college visits with a group of their peers, supervised by United Friends staff. On average, the counseling staff-to-student ratio at our events is one staff member for about every eight students (1:8 students).

1. Would you have any concerns regarding this youth's participation in our group events with other youth and adults? Yes No Unsure

2. Is this student able to feed themselves and go to the restroom independently?
 Yes No Unsure

Upon confirming eligibility for our program, a member from our team will reach out to the caregiver to share about our program. If they are interested, a college counselor will visit their home.

3. What is the student's current home placement type?

- | | | | |
|---|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Non-Relative Foster Home | <input type="checkbox"/> Relative Foster Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Kin-GAP |
| <input type="checkbox"/> Legal Guardianship | <input type="checkbox"/> Family Maintenance | <input type="checkbox"/> Reunited | <input type="checkbox"/> Adoption |



Upon submission, *United Friends* will follow up with the referral party or social worker if further clarification is needed to discuss program limitations, fit, or enrollment process.

Thank you for your continued commitment to supporting this student. Please contact us directly if you have any questions.

(UFC STAFF ONLY) Date Processed: _____