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*Growing Families
 Enriching Lives*

EVOLVE Family Services Successful Transition to Adulthood for Youth (STAY) Referral

Send completed referral to: MMcMillan@evolveservices.org

Services Requested: Living Skills Groups Independent Case Management

Referring Worker (if applicable)

Name:
 Community Agency/County:
 Phone:
 Email:
 How do you prefer to be contacted? Phone Email

Youth Information

Name (First, Middle, Last):
 Preferred Name:
 Pronouns:
 Date of Birth:
 Ethnic/Racial Background:
 Address (if known):
 County of Residence (if known):
 Phone Number:
 If you are a youth referring yourself for services, how did you hear about EVOLVE/STAY Services:

Current Placement

Foster Care/Extended Foster Care Homeless shelter/youth shelter Group home Residential
 Other: _____

Youth's Support Team – Please provide information regarding the individuals who are currently part of the youth's support network (including parent/guardian, additional County Workers, community agency supportive persons, relatives, etc.)

Name	Relationship	Email	Phone Number

Eligibility Questionnaire

1. Was the youth placed in foster care by a County or Tribe prior to age 18? Yes No
2. Was the youth in foster care for at least 30 consecutive days after the age of 14? Yes No

Dedicated to a world where everyone has nurturing, permanent, and supportive familial relationships.

Placement Dates:

3. What was the reason placement ended?
 - a. Reunification
 - b. Adoption or Transfer of Custody to a Relative
 - c. Age Out
 - d. Still in Foster Care
4. Is the youth currently receiving case management services from a county or tribe? Yes No

Youth Needs/Goal Areas (Check all that apply)

- | | |
|---|---|
| Financial Assistance/Resources <input type="checkbox"/> | Finance <input type="checkbox"/> |
| Stress/Stress Management <input type="checkbox"/> | Health <input type="checkbox"/> |
| Housing <input type="checkbox"/> | Communication <input type="checkbox"/> |
| Education <input type="checkbox"/> | Relationships <input type="checkbox"/> |
| Employment <input type="checkbox"/> | Identity Development <input type="checkbox"/> |
| Vital Records/Documents <input type="checkbox"/> | Leadership/Self-Advocacy <input type="checkbox"/> |

Other:

Additional Information - *Is there anything else that we should know?*

Signature of Person Completing Form:

Date:

FOR EVOLVE USE ONLY	
Eligibility Confirmed (Date):	Eligibility Documentation in File <input type="checkbox"/>
Approved By:	
EVOLVE Worker Assigned:	
Date of Contact:	
Date of Intake:	
Contact Attempts:	
Notes:	

Dedicated to a world where everyone has nurturing, permanent, and supportive family relationships.

West Saint Paul

149 Thompson Avenue East, Suite #115
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Stillwater

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