



Independent Living (IL) After School & Extra-Curricular Activities Referral Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip Code: _____

FSFN Person ID _____ Dependency Case #: _____

Type of Placement: (circle one) In home / Licensed Care / Non-Relative / Relative

Custodian Name: _____ Phone Number: _____

Agency: _____ Case Manager: _____

Activity: 1st Choice: _____ Days of the Week: _____ Time: _____

2nd Choice: _____ Days of the Week: _____ Time: _____

3rd Choice: _____ Days of the Week: _____ Time: _____

Date Available to Begin: _____

Transportation Options (circle one): Foster parent will drive / Student will walk / Public transportation / Private Transportation (Please send recommendations for private transportation, ie. Name of company, phone number, hourly rate)

**CASE MANAGERS SHOULD FAX THIS FORM TO
LISA JACOBSON, OUR KIDS IL COLLABORATIVE COORDINATOR
FAX NUMBER: 305-377-7029
OR SEND IT BY EMAIL TO JACOBSONNL@OURKIDS.US**

For Office Use Only:

Date Received: _____

Confirmed Activity: _____

Date Enrolled: _____ Date Activity Begins: _____

Cost to OK: _____

Confirmation Sent to Case Manager? (circle one): Yes / No

Comments: _____



OurKids

of Miami-Dade/Monroe, Inc.

