



Opportunities For Youth (OFY) Referral Form

Date of referral: ---/---/---- (DD/MM/YY)

Is the client aware and agreeable to this referral? Yes No

Does the minor have their ORR Release Form? Yes No

Does the minor have an OTIP Eligibility Letter or Interim Assistance Letter? Yes No

Does the minor have an attorney? Yes No

Is the minor legally determined Unaccompanied Children by the Department of Health and Human Services? Yes No

Does the minor reside in California? Yes No

Is the minor under 21 years old? Yes No

Client Information

Name: _____

Last

First

Middle initial

Birth Date: ___/___/___

Age: _____

Gender: _____

Parent/ Sponsor: _____

Phone number: _____ May we leave a message? Yes No

Email: _____

May we email? Yes No