



For Referral Questions:  
Vivian Lambert  
Case Assessment Program Supervisor  
PH: 408-573-5604  
Email: referral@cadvocates.org

### Non-Minor Dependent Agreement

\*\*Please attach a copy of the original jurisdictional report, latest court report, most recent IEP or 504 Plan.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Petition No: \_\_\_\_\_ Date Petition Filed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Referred to CASV Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

#### NMD's Current Placement

Start Date: \_\_\_\_\_ # of placements before CASA referral: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Facility Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Interested in High School or College Assistance? \_\_\_\_\_  
School Name/Grade: \_\_\_\_\_ Received HS Diploma  GED/Test   
Are You Currently Employed? \_\_\_\_\_ If so, where?: \_\_\_\_\_  
Pay per Hour: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Below are areas where a CASA could help support you

##### Reason(s) for Support/Advocacy (please check all that apply):

- Lack of Family Support    Trust & Relationship Building    Cultural/Community Events
- Health/Physical Disability    Teen Pregnancy    Extracurricular Activities
- Mental Health Issues    Educational Support    Healthy Choices & Behaviors
- Gang Affiliation    Incarcerated Parent(s)    Self-Esteem Building
- Long Term Foster Care    LGBTQ Support    Developmental Milestones/Independent Living Skills

**About You:** (Please include your hobbies, likes, (dis)interests, personality, anything you think we should know to make a better match)



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**Professionals Assigned to You:**

Social Worker: _____	Email: _____	Phone: _____
Attorney: _____	Email: _____	Phone: _____
Probation Officer: _____	Email: _____	Phone: _____
Therapist: _____	Email: _____	Phone: _____
ILP Case Manager: _____	Email: _____	Phone: _____
Judge: _____	Next Hearing Date: _____	Department: _____

If a non-minor requests a CASA, the non-minor dependent will be placed on the waitlist, but there is no guarantee that a CASA will be assigned.

If a CASA is assigned, the following are expected of the relationship between the non-minor dependent and the CASA.

The non-minor dependent will:

- Maintain at least monthly contact with the CASA
- Adhere to the terms of the Court Order
- Contact the Advocate’s Supervisor if the non-minor dependent wants to modify the terms of the Court Order

The CASA will:

- Maintain at least monthly contact with the non-minor dependent
- Adhere to the terms of the Court Order
- Assist with any education and residential issues as requested
- Assist with learning independent living skills (i.e. obtaining employment, financial aid), but cannot co-sign any documents for the non-minor dependent
- Not allow non-minor dependent to go to the CASA’s home or the homes of the CASA’s family or friends
- Keep the non-minor dependent’s information confidential unless given explicit permission by the non-minor dependent

\_\_\_\_\_  
Signature of Non-Minor Dependent

\_\_\_\_\_  
Date