



NEW HANOVER COUNTY

HEALTH & HUMAN SERVICES

1650 Greenfield Street, Wilmington, NC 28401

Health | P: (910) 798-3500 | F: (910) 798-7834 | NHCgov.com

Social Services | P: (910) 798-3500 | F: (910) 798-7824 | NHCgov.com

Donna Fayko, M.Ed, Director

David G. Howard, MPH, Director Public Health | **Tonya Jackson, MBA**, Director Social Services

REFERRAL FOR SCHOOL BASED MENTAL HEALTH SERVICES

Student Information

Name of Student: _____ DOB: _____

Gender: _____ Race: _____ Country of Origin: _____

Name of Parent/Guardian: _____ DOB: _____

_____ DOB: _____

Address: _____

Contact Number(s): _____

Name of Insurance and Number: _____

School Information

Current School: _____ Grade: _____

Teacher: _____ Contact Number: _____

Referral Information:

Reason for Referral (please be as specific as possible): _____

Has the parent been informed of the services available? Yes No

Has the parent been informed that a referral is being made? Yes No

Has the parent agreed with utilizing the services? Yes No

Person Making Referral: _____

Contact Number: _____ Date of Referral: _____

Admitted to Program? (circle) YES NO Date Admitted: _____