

SCESD FAMILY RESOURCE CENTER
REFERRAL FOR SERVICES

FRC USE ONLY		
Aeries _____	Class list _____	Inventory _____

Referred by: (please print name) _____ Title: _____
Email: _____ Phone: _____ Date: _____

Instructions to Refer: Please fill out and send this original (unfolded) with a copy of the emergency card to:
KAM FRC: DIAS, BMS, EGS, KAM, LWS, LVS, NAT, UPS, SCVA
SES FRC: LIN, LPS, MIP, MOP, ROS, SES

SCHOOL _____ STUDENT I.D. # _____
STUDENT'S LEGAL NAME _____
DATE OF BIRTH (MONTH/DAY/YEAR) _____ AGE _____ GRADE _____ ROOM _____
PARENT(S)/GUARDIAN(S) NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE NUMBERS: HOME _____ CELL _____

Where is the student living now? (check all that apply) LEAVE BLANK IF YOU DO NOT KNOW.

- with another family due to financial difficulties (120)
- renting a room (120)
- with friends or family members other than parent(s) (120)
- motel/hotel (110)
- shelter (family, domestic violence, warming, or transitional living program) (100)
- a car, RV, campsite, trailer park, living on the street, garage, shed or closet (130)
- with no water, or no heat, or no plumbing, or no electricity (130)
- problems with mold or infestation such as roaches, ants, lice, fleas or bedbugs (130)
- other location _____
- (*with no other family*) in an apartment, condominium, town house or home (200)

Comments:

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The student lives with (check all that apply):

1 parent 2 parents 1 parent & another adult (Relation: _____)

a relative, friend(s), or other adult(s)

guardian another family or families an adult who is not the parent or guardian other _____

PARENT/GUARDIAN/RELATIVE/CAREGIVER SIGNATURE (optional) _____
DATE _____

Student covered by McKinney-Vento Act Student not covered by McKinney-Vento Act Follow-up required

Signature & telephone number of FRC staff: _____

Entry/Eligibility Date: _____