

Hillsborough County Interagency Referral Alert

Date _____

Male

Child's Legal Name _____ Female DOB _____

Physical Address _____ Telephone # (____) _____

Mailing Address (if different) _____ Other Phone # (____) _____

Mother's Legal Name _____ Father's Legal Name _____

Guardian _____

English packet _____ Spanish packet _____

Major Concerns for Referral _____

Is the child in childcare or school program? Yes No If yes, where? (name, address, phone)

Other Services/Agencies & Contact Person

Referral Source/Contact Person

Name _____

Address _____

Telephone (____) _____

FAX (____) _____

Agency _____

Consent Statement for Referral Alert

I agree to this Referral Alert being sent to the following agency(ies) for the purpose of obtaining help.
This consent is valid for 90 days from the date of signature.

Parent/Guardian Signature _____

Date _____

Agency

Contact

Telephone #

Feedback to Referring Agency:

Signature _____

Date _____

Telephone _____

FDLRS 06/2021. Fax Referral Alert to Child Find 813-837-7719 or email Stephanie.friedman@hcps.net (Photocopy as Needed)

School District of Hillsborough County • Department of Exceptional Student Education • Florida Diagnostic & Learning Resources System (FDLRS)

A Local interagency Community Collaboration Project and a FDLRS/Hillsborough Supported Activity 813-837-7777.