



# LAKE COUNTY OFFICE OF EDUCATION HEALTHY START YOUTH AND FAMILY SERVICES

## AGENCY REFERRAL

### Parent/Caregiver Contact Information

Parent/Caregiver/Adult Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent/Caregiver/Adult Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Address (Street, City, Zip): \_\_\_\_\_

Primary Language: \_\_\_\_\_

### Youth Information

Name of youth being referred:

1. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F / other \_\_\_\_\_ School \_\_\_\_\_

Additional children in the family:

2. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F / other \_\_\_\_\_ School \_\_\_\_\_

3. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F / other \_\_\_\_\_ School \_\_\_\_\_

4. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F / other \_\_\_\_\_ School \_\_\_\_\_

5. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M / F / other \_\_\_\_\_ School \_\_\_\_\_

### Services Requested for the Family/Individual:

- |   |   |
|---|---|
| <input type="checkbox"/> Student Outreach                   | <input type="checkbox"/> Foster Youth Services        |
| <input type="checkbox"/> Parent/Adult Outreach and Services | <input type="checkbox"/> Parenting Support            |
| <input type="checkbox"/> Academic Support/IEP               | <input type="checkbox"/> Basic Needs Services         |
| <input type="checkbox"/> At Promise Youth/juvenile justice  | <input type="checkbox"/> Health Access Services       |
| <input type="checkbox"/> Chronic Absenteeism                | <input type="checkbox"/> ICWA Student Referral        |
| <input type="checkbox"/> Student housing navigation         | <input type="checkbox"/> Immigrant Community Services |

Reason for Referral:

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Referral made by:

Contact Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Program/Agency: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Please fax your referral to Healthy Start at (707) 289-4100, or call (707) 262-4153 for further information. Thank you.

Referral date: \_\_\_\_\_ Assigned worker: \_\_\_\_\_ Response date: \_\_\_\_\_