APPOINTMENT: _____

FRC USE ONLY

Aeries _____ **Class list** _____ **Inventory** _____

SCESD FAMILY RESOURCE CENTER
REFERRAL FOR SERVICES

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, SCSA
SES FRC: LIN, LPS, MIP, MOP, ROS, SES, UPS

SCHOOL _____ STUDENT I.D. # _____

STUDENT'S LEGAL NAME _____ DWELLING TYPE _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____ GRADE _____ ROOM _____ TEACHER _____

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, townhouse, or home (200)

Comments:

FRC USE ONLY

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) (Relation: _____)
☐ 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: _____