

LA FRONTERA-IMPACT REFERRAL FORM SCHOOL PROGRAM

Referral Form for Services

Date of Referral: _____ Person Making Referral/Position _____

Relationship to Child: _____ Contact Information: _____

Child Information

Name: _____ Date of Birth: _____ Gender: M F

Address: _____ City/State/ZIP Code: _____

Email Address: _____ Parent/Guardian/Caregiver Primary Language: _____

Parent/Guardian Name: _____ Phone Number: _____

Grade in School: _____

Name of School: _____

Reason for Referral for services

Presenting Concerns (Please give examples of statements, observations, or behavior that led you to make this referral.)

Goals (What are some of the goals you would like to see accomplished through services?)

Strengths (Please list the strengths of this child and his/her family.)

Previous strategies (Has anything been tried to address this concern(s)? Please list here)

Type of Funding

AHCCCS AHCCCS ID #: _____

Self-Pay/Other _____

Parent/Guardian Consent

I, as parent/guardian of this child, give my consent to make this service referral.

I, as the school staff member, have discussed my concerns with the parent/guardian and verbal permission was given to make this service referral.

Signatures

Parent/Guardian Signature _____

Staff Signature _____

Date _____

La Frontera-Empact 914 S. 52nd St. Tempe, Az 85281 Referrals to Jacqueline.Benavidez@lafrontera-empact.org