

Referral Form

JCPS Program Specialist

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Student Information:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Student Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  School Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Parent/Guardian: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address:  Date of Birth:

### Family Needs: check all that apply

[ ]  **Health Services** [ ]  **Community Resources**

 (Health Services, Mental Health, KCHIP/Passport, (After School Programming, Legal/Criminal

 HANDS, Healthy Start, Clinic, Head Lice Interventions) Issues, Parenting Skills, Other Community

[ ]  **Other Neighborhood Place Services** Resources)

 (P&P, 4C's, CDW) [ ]  **School Programming**

[ ]  **Basic Needs** (Group Counseling, Mentoring, Parent

 (Transportation, Community Ministries, Dare to Care, Involvement, Other School Events)

 Food Stamps, KTAP, Information and Referral, [ ]  **CAP Referral**

 Financial Assistance, Family Store) [ ]  **Home Visit**

[ ]  **Adult Education/ Employment** [ ]  **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Adult Education, Employment, GED, CAP,

 Kentuckiana Works)

**Comments (Please specify the needs of the family and what you have done to meet need so we do not duplicate work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SSW/ADPP Assistance:**

* Contact School
* Contact Family
* Track Attendance Weekly
* Set-up Head Lice Intervention Team Meeting
* Home Visit

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Program Specialist Staff and Location Sites:**

**Cynthia Crowe Keisha LeBlanc Kenny Boyd Leneshia Perry**

**UJIMA 810 Barret First NP** **South Jefferson**

Fax: 485-6730 Fax: 485-7251 Fax: 966-8253 Fax: 363-1435

Phone: 485-6724 Phone: 485-7252 Phone: 962-3173 Phone: 363-1466

 **South Jeff @ Valley HS**

**Cane Run Northwest/Shawnee HS South Cenral Bridges of Hope**

Fax: 485-6867 Fax: 485-7251 Fax: 485-7142 Fax: 634-6074

Phone: 485-6862 Phone: 485-7252 Phone: 485-2308 Phone: 634-6078

 **Bridges of Hope at L&N**