

FOR INTERNAL USE ONLY			
Student's Name:			
Referral Number:		Date Received:	
Received By:			
Service Eligibility:	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Withdrawn
Justification:			

Support Services Referral Form

Directions: Please complete sections 1-7 below to refer a child and family for school-based early support services. Submit referrals to your school representative, or to **havenandhope@remcny.org**. Please note that the information provided in this referral form will be shared with the family. It's recommended that this form be completed in collaboration with the parent or guardian of the child being referred.

1. REFERRAL SOURCE			
Referral Date:			
Referral Type:	<input type="checkbox"/> Voluntary (Guardian is in agreement)	<input type="checkbox"/> Other: _____	
Referral Source:	<input type="checkbox"/> School Staff	<input type="checkbox"/> CARES	<input type="checkbox"/> NYCHA
	<input type="checkbox"/> Self Referral (Guardian)	<input type="checkbox"/> CBO/Other:	
Child's School:	<input type="checkbox"/> PS 314	<input type="checkbox"/> MS/PS 5	<input type="checkbox"/> Choice Charter School
Name of Person Making Referral:			
Phone:		E-mail:	
It's important that families receive information about this program and the reason(s) they are being referred for services. Have you already shared information about this referral with the family?			

☐ Yes, I've shared the *Family Flyer* with a parent/guardian and we've discussed the program. The family is in agreement with this referral.

☐ No, I've mentioned the program to the family and/or shared the *Family Flyer*, but have not explicitly spoken about this referral.

☐ No, I haven't yet shared any information about this program with the family.

2. REFERRAL DETAILS (PART A - OPTIONAL)

Directions: This section is optional. If completing, please complete this section with the parent/guardian by directly asking each question and noting their response. Circle the appropriate response to each question.

Please confirm that this section is being completed with a parent/guardian.	YES	No - STOP. Do not complete this section. Proceed to section 3.	
Is the child currently in foster care placement?	YES	NO	UNSURE
Has the child been placed in an Emergency Foster Family Boarding Home?	YES	NO	UNSURE
Does the child's home have serious repair issues?	YES	NO	UNSURE
Has the family received an eviction notice?	YES	NO	UNSURE
Is the child's daily attendance at school of concern?	YES	NO	UNSURE
Is the child's social-emotional needs at school of concern?	YES	NO	UNSURE

(Leave Blank if N/A) Name of Parent/Guardian who completed Section 2:

3. REFERRAL DETAILS (PART B)	
Referral Reasons: Please describe why this student is being referred for services. Check all that apply.	
<input type="checkbox"/> The student is frequently absent from school. <ul style="list-style-type: none"> • In the past 3 months, the student has been absent an average of _____ [insert a number] times. • In the past 2 weeks, the student has been absent an average of _____ [insert a number] times. 	
<input type="checkbox"/> The family will benefit significantly from parenting support, and knowledge of child development. I/We believe this is so because:	
<input type="checkbox"/> The family is facing challenges or problems that could be addressed through the support of this program. These challenges or circumstances include:	
<input type="checkbox"/> Other:	

4. ASSESSMENT OF SUPPORTS	
In your opinion, which supports do you believe will <u>most</u> benefit the child and family? Please check at least one.	
<input type="checkbox"/>	Advocacy and Benefits Navigation: Advocacy to assist families in navigating government and private sector service systems and benefits. (Health Services, Child Care, Public Assistance, etc.)
<input type="checkbox"/>	Housing Security Navigation: Support navigating housing programs and subsidies.
<input type="checkbox"/>	Positive Parenting Support: Promotion and support of parent involvement in children’s education. Families may enroll in the Triple P positive parenting program.
<input type="checkbox"/>	Family System Support: Forming positive relationships among family members and within the community. Building the Protective Factors.
<input type="checkbox"/>	Parent Advisory Committee (PAC): Elevating and strengthening leadership skills through participation in a PAC. For parents and guardians.
<input type="checkbox"/>	Youth Advisory Council (YAC): For 4th-5th graders. Students who join the YAC develop and strengthen leadership skills, communication, and SEL skills through co-planning of offerings/events and building a relationship with the program and school staff.
<input type="checkbox"/>	Family Check-In Conversations: Monthly in-person or virtual well-being conversations with a Case Planner or Community Pathway Worker.
<input type="checkbox"/>	School-Based Check In: Daily/Weekly check-ins with the child at school to support social-emotional learning.
<input type="checkbox"/>	Family Counseling: Counseling with program staff or referral to external Counseling services.
<input type="checkbox"/>	Case Management: A collaboration with the parent or guardian to determine strengths and needs, and co-create a case plan and way forward.

5. STUDENT INFORMATION			
Student’s Name:			
Student’s DOB:		Student’s Gender:	
Primary Language:		Home Language:	

Teacher Name:		Current Grade Level (K-8th):	
IEP Status:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Referral In Process	Is this student an English Language Learner?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Services Received at School (OPTIONAL):			

6. FAMILY INFORMATION			
Child's Home Address:			
(1) Name of Parent/Guardian:			
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other/Legal Guardian		
Phone:		E-mail:	
(2) Name of Parent/Guardian:			
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other/Legal Guardian		
Phone:		E-mail:	

7. CERTIFICATION	
<input type="checkbox"/> I certify that the above facts contained in all pages of this document are true to the best of my knowledge and belief.	
Print Name:	
Signature:	
Date:	