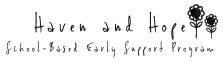


FOR INTERNAL USE ONLY			
Student's Name:			
Referral Number:		Date Received:	
Received By:			
Service Eligibility:	☐ Eligible	☐ Ineligible	☐ Withdrawn
Justification:			

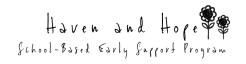
## **Support Services Referral Form**

**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:	☐ Voluntary (Guardian is in agreement)		Other:
Referral Source:	☐ School Staff	☐ CARES	□ NYCHA
	Self Referral (Guardian)	☐ CBO/Other:	
Child's School:	☐ PS 314	☐ MS/PS 5	☐ 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?			



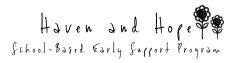
Yes, I've shared the <i>Family Flyer</i> with a parent/guardian and we've discussed the program. The family is in agreement with this referral.				
□ No, I've mentioned the program to the family and/or shared the Family Flyer, but have not explicitly spoken about this referral.				
☐ No, I haven't yet shared any information about this program with t	he fam	nily.		
2. REFERRAL DETAILS (PART A - OPTIONAL	_)			
<b>Directions:</b> This section is <u>optional</u> . 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.		No - STOP. Do not complete this section. Proceed to section 3.		
Is the child currently in foster care placement?			UNSURE	
Has the child been placed in an Emergency Foster Family Boarding Home?		NO	UNSURE	
Does the child's home have serious repair issues?		NO	UNSURE	
Has the family received an eviction notice?		NO	UNSURE	
Is the child's daily attendance at school of concern?			UNSURE	
Is the child's social-emotional needs at school of concern?		NO	UNSURE	
(Leave Blank if N/A) Name of Parent/Guardian who completed Section 2:				



3. REFERRAL DETAILS (PART B)			
<b>Referral Reasons:</b> Please describe why this student is being referred for services. Check all that apply.			
<ul> <li>The student is frequently absent from school.</li> <li>In the past 3 months, the student has been absent an average of</li></ul>			
☐ The family will benefit significantly from parenting support, and knowledge of child development. I/We believe this is so because:			
☐ The family is facing challenges or problems that could be addressed through the support of this program. These challenges or circumstances include:			
☐ Other:			



	4. ASSESSME	NT OF SUPPORTS		
In your opinion, which scheck at least one.	supports do you believe	will most benefit the child	d and family? Please	
government and	☐ 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.)			
☐ Housing Secu	☐ Housing Security Navigation: Support navigating housing programs and subsidies.			
	☐ Positive Parenting Support: Promotion and support of parent involvement in children's education. Families may enroll in the Triple P positive parenting program.			
☐ Family System Support: Forming positive relationships among family members and within the community. Building the Protective Factors.				
☐ Parent Advisory Committee (PAC): Elevating and strengthening leadership skills through participation in a PAC. For parents and guardians.				
☐ 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.				
		thly in-person or virtual v Community Pathway Wor	•	
☐ School-Based social-emotiona	•	check-ins with the child	at school to support	
☐ Family Counseling: Counseling with program staff or referral to external Counseling services.				
☐ Case Management: A collaboration with the parent or guardian to determine strengths and needs, and co-create a case plan and way forward.				
	5. STUDEN	T INFORMATION		
Student's Name:				
Student's DOB:		Student's Gender:		
Primary Language:		Home Language:		



Teacher Name:		Current Grade Level (K-8th):	
IEP Status:	☐ No ☐ Yes ☐ Referral In Process	Is this student an English Language Learner?	□ No □ Yes
Services Received a School (OPTIONAL)			
	6. FAMILY	INFORMATION	
Child's Home Address:			
(1) Name of Parent/Guardian:			
Relationship:	☐ Parent ☐ Foster Parent ☐ Other/Legal Guardian		
Phone:		E-mail:	
(2) Name of Parent/Guardian:			
Relationship:	<ul><li>☐ Parent</li><li>☐ Foster Parent</li><li>☐ Other/Legal Guard</li></ul>	ian	
Phone:		E-mail:	
7. CERTIFICATION			
☐ 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:			