

REFERRAL FORM

DATE: ______ SCHOOL: _____

FROM: ______ TITLE: _____

REFERRAL PROTOCOL:

By filling out this referral form, the referral source is verifying that the parent/guardian of the student referred has verbally consented to this referral and the disclosure of the information below to Linkages to Learning (LTL). Services provided by LTL are funded by the Montgomery County Department of Health & Human Services (MCDHHS). The identifying information below will allow LTL staff to learn about prior or current services provided by MCDHHS to the student and/or parent/guardian in order to best coordinate and plan for providing support to this family. EXCEPT WHERE OTHERWISE NOTED, ALL FIELDS ON THIS FORM MUST BE FILLED OUT FOR LTL TO PROCESS THIS REFERRAL.

Signature of Referral Source

(If referred from EMT/CAP, attach meeting notes)

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Name	Name
SID#	Relationship
Address	DOB
	Telephone
DOB	Alternate #
Type of Health Insurance	Best time to call
Teacher/Grade	
Counselor	

Child/Family is being referred for (*check all that apply*):

LTL Parent Education/Supports	LTL Youth Development Activities
LTL Child/Family Therapy	LTL Family Case Management* (complete box below)

The information below is required for referrals to <u>LTL Family Case Management</u> services:

Attendance (please check one):	 Child attends school except during illness/emergency Insufficient school attendance / chronic tardiness Child does not participate in academic process
Academic Performance:	 Child exceeds academic standards Child meets academic standards Performing below academic standards
(please check one)	 Parents involved in <u>meeting</u> child's educational/developmental needs Parents <u>involved</u> in child's educational/developmental needs Parents aware but unresponsive to child's developmental needs Parents unaware of child's developmental needs

REASON FOR REFERRAL & RELEVANT HISTORY:

TICIPATED SERVICE	E NEEDS:
_ Clothing	Job/employment referrals

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	Health		Emer	gency Fina	ancial A	Assistance	Food	
	Crisis Intervention		Finan	cial Plann	ing		Other	ļ
	Social Skills Groups		Housing Assistance/referrals		ferrals	(Please explain below):		
	Parenting classes							
	Child care		Τ			errals		
	Academic Needs		Eligit	bility scree	ning fo	or financial assista	ance	
Does pa	arent/guardian speak Er	ıglish?	Yes	No	If not,	what language? _		
					Is an i	nterpreter needed	? Yes	No
					15 ull 1	interpreter needed	. 105	110
			F	or LTL St	aff Us	e Only		
Referral entered into eICM by:				on				
				LTL Worker			Date	
Referra	al Feedback Form Subn	nitted to r	eferral	source on	:			
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cc: _	School Counselor	PC	CC	PP	W	LTL CFT	LTL CSC	
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-	Principal	AP		Tea	cher	LTL FCM	LIL CSA	
	Other:							
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