

**Paul Laurence Dunbar Family Resource and Youth Services Center  
AND  
Family/Community Liaison  
STUDENT REFERRAL FORM**

**ALL INFORMATION IS CONFIDENTIAL**

*In order to ensure confidentiality, all forms should be submitted directly to the FRYSC office in Room 803 or FRYSC Coordinator can be contacted to pick up referral forms.*

**Date** \_\_\_\_\_ **Students Name** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Grade** \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

| <u>EDUCATIONAL SUPPORT</u>       |  | <u>HEALTH SERVICES/REFERRALS</u>    |  | <u>BASIC NEEDS/SOCIAL SUPPORT</u> |  | <u>FAMILY CRISIS /INTERVENTION</u> |  |
|----------------------------------|--|-------------------------------------|--|-----------------------------------|--|------------------------------------|--|
| Attendance                       |  | Medical/Dental                      |  | Food                              |  | Mental Health Counseling           |  |
| Homework                         |  | Vision/Eyeglasses                   |  | Clothing/Shoes                    |  | Homeless                           |  |
| Mentoring/Tutoring               |  | Hearing                             |  | Housing                           |  | Transportation                     |  |
| Behavior Problems                |  | KCHIP / Other Insurance             |  | Employment                        |  |                                    |  |
| School Supplies                  |  | Immunizations                       |  | Financial Assistance              |  |                                    |  |
| Summer Program/Camp              |  | Lice Prevention/Info                |  | Hygiene Products                  |  |                                    |  |
| Home Visit                       |  | WIC                                 |  | School Supplies                   |  | <b><u>NEGLECT / ABUSE</u></b>      |  |
| Translation (Spanish)            |  |                                     |  | <b><u>PARENTING</u></b>           |  | Educational                        |  |
| <b><u>HOLIDAY ASSISTANCE</u></b> |  | <b><u>CHILD CARE / REFERRAL</u></b> |  | ABC's For Parents                 |  | Physical                           |  |
| Thanksgiving                     |  | After School Program                |  | Relative Raising Children         |  | Sexual                             |  |
| Christmas                        |  | Before School Program               |  | Adult Education                   |  | Domestic Violence                  |  |
| Easter                           |  | Summer                              |  |                                   |  | <b><u>OTHER:</u></b>               |  |
| Other                            |  |                                     |  |                                   |  |                                    |  |

**COMMENTS:**

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To be completed by Center staff:

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Free / Reduced Lunch? \_\_\_\_\_ YES \_\_\_\_\_ NO