



New  
 Update  
 Traditional  
 Virtual

# Title 1 Foster Care

## REFERRAL FORM

Date \_\_\_\_\_

Not In School \_\_\_\_\_

Student \_\_\_\_\_ (M \_\_ F \_\_) Foster Parent \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ 504 Special Services Yes \_\_\_ No \_\_\_  
 Special Ed Yes \_\_\_ No \_\_\_

S.S.# / I.D.# \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Foster Parent Placement Address  
 \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DSS/Child Placement Agency Name \_\_\_\_\_

Case Worker Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Last School Attended \_\_\_\_\_

Persons to release child to from school  
 \_\_\_\_\_

- School of origin: Yes  No
- Student is unable to pay school fees
- Immunizations are needed
- Birth certificate is needed
- Excessive absences are a problem
- Lacks academic records and/or documentation
- Transportation to school is a problem
- Academic problems indicate a need for tutoring

- Behavior indicates a need for mental health counseling
- Free lunch form needed
- Health problems indicated
- IDEA (gifted, talented, disabilities) services needed
- LEP/ESL services needed
- Probation Officer name \_\_\_\_\_
- Expulsion: Date \_\_\_\_\_ School \_\_\_\_\_
- Alternative Setting  
 School \_\_\_\_\_

Date of Contact with Foster Care Worker \_\_\_\_\_

\_\_\_\_\_  
 Foster Care Parent/State Worker                      Date                      Foster Care Liaison/Case Manager                      Date