



Family Advocate Referral Form S.A.F.E SYSTEM OF CARE
 4507 Del Rio Avenue #1, Atascadero, CA 93422
 1802 Chestnut Street, Paso Robles, CA 93446
 Phone (805) 794-0217 | FAX (805) 462-8901
 Fax or email Family Advocate Services Director,
 Carrie Collins Carrie@linkslo.org

****Must be Filled out as Completely as possible****

Child Referred: _____ DOB: _____ Date of Referral _____
 School: _____ Grade: _____
 Parent/Caretaker: _____ Parent Phone: _____
 Parent Email: _____ Best time to reach family: _____
 Address: _____ City: _____
 Language: English Spanish Other _____ Family notified of referral: Yes No
 Medical Insurance: MediCal/CenCal Private _____ None/Other _____
 Sibling:
 Child's Name: _____ DOB: _____ School Site: _____
 Child's Name: _____ DOB: _____ School Site: _____
 Child's Name: _____ DOB: _____ School Site: _____
 Child's Name: _____ DOB: _____ School Site: _____
 Child's Name: _____ DOB: _____ School Site: _____
 Child's Name: _____ DOB: _____ School Site: _____

Person making the Referral: _____ **School/Agency:** _____

Phone & Email of Person Making the Referral: _____

What services is the family requesting?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth - 5 Services | <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> School Supplies | <input type="checkbox"/> Health/Dental |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Basic Needs (food, clothing) | <input type="checkbox"/> Housing Resources | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> DSS/CWS | <input type="checkbox"/> Transportation | <input type="checkbox"/> Childcare |

Please provide any additional information regarding services the family is requesting:

Interventions That Have Been Tried:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Title 1 | <input type="checkbox"/> Referrals to Other Agencies |
| <input type="checkbox"/> Alternative School | <input type="checkbox"/> SST/FST/THT | <input type="checkbox"/> Learning Center |
| <input type="checkbox"/> School Counseling | <input type="checkbox"/> Special Education | <input type="checkbox"/> S.A.F.E. Intensive Meeting |
| <input type="checkbox"/> School Based Advocacy Support | <input type="checkbox"/> SARB | Others: _____ |

Confirmed with referring party? Date: _____
Information entered into Apricot? Date: _____