The Link
Family Resource Center
Serving San Luis Obispo County

S.A.F.E.

Family Advocate Referral Form S.A.F.E SYSTEM OF CARE
4507 Del Rio Avenue #1, Atascadero, CA 93422
665 26th Street, Paso Robles, CA 93446
Phone (805) 794-0217
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:_____
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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?

☐ Birth - 5 Services ☐ Emotional/Behavioral ☐ School Supplies ☐ Health/Dental
☐ Academic ☐ Basic Needs (food, clothing) ☐ Housing Resources ☐ Financial
☐ Counseling ☐ DSS/CWS ☐ Transportation ☐ Childcare

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

_____

_____

_____

Interventions That Have Been Tried:

☐Bilingual Education ☐Title 1 ☐Referrals to Other Agencies
☐Alternative School ☐SST/FST/THT ☐Learning Center
☐School Counseling ☐Special Education ☐S.A.F.E. Intensive Meeting
☐School Based Advocacy Support ☐SARB ☐Others: _____

Confirmed with referring party? Date:

Information entered into Apricot? Date:

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Revised 1/12/26