

Department of Human Services

Pathways to Potential Referral Form

ALL INFORMATION IS CONFIDENTIAL

Student's Name _____ Age _____ DOB _____ Grade _____

Free/Reduced Lunch? ___ Yes ___ No Teacher _____ Room _____

Parent/Guardian _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Referred by _____ Date _____

PLEASE CHECK ALL THAT APPLY

EDUCATIONAL SUPPORT		HEALTH SERVICES/REFERRALS		BASIC NEEDS/SOCIAL SUPPORT		FAMILY CRISIS /INTERVENTION	
Attendance		Medical/Dental		Food		Mental Health Counseling	
Homework		Vision/Eyeglasses		Clothing/Shoes		Homeless	
Mentoring/Tutoring		Hearing		Housing		Transportation	
Behavior Problems		Medicaid		Employment			
School Supplies		Immunizations		Financial Assistance			
Home Visit		Lice Prevention/Info		School Supplies			
HOLIDAY ASSISTANCE		CHILD CARE / REFERRAL		Parenting Classes			
		After School Program		Relative Raising Children			
		Before School Program		Adult Education			
		Summer					

COMMENTS:

If you suspect abuse or neglect please call DHS Central Intake (855) 444-3911 to make a report. You may remain anonymous.