BRAWLEY FAMILY RESOURCE CENTER

480 N. Imperial Ave, Room 58
Brawley, CA 92227
Phone: (760) 312-6095 - Fax: (760) 344-6241

***Case File#*_____**

REFERRAL FORM

REFERRAL DATE: **CLIENT INFORMATION** *(FRC USE ONLY) DATE RECEIVED:*

STUDENT NAME: **D.O.B:** **AGE:**

ADDRESS: **CITY:** **ZIP:**

PHONE: **GRADE:** **(Circle) ENG. SPAN.**

SCHOOL: **SCHOOL PLACEMENT: /SP.ED/ ALT/ MIGRANT/ OTHER:**

PARENT NAME: **RELATIONSHIP TO THE MINOR:**

PARENT/GUARDIAN SIGNATURE:

REFERRAL SOURCE

Contact Name: **Agency/School/ Position:**

Address: **City:** **Zip: 92227**

☐ Self/Walk-In ☐ Phone-In ☐ Other: **Phone:**

SERVICES REQUESTED

Please check all that apply and interventions tried:

☐ Behavior Problems	☐ Cal-SAFE (Teen Parent)	☐ Employment Assistance	☐ SARB
☐ Emotional Concerns	☐ Housing	☐ Anger Management	☐ Suspension
☐ Family System Support Needs	☐ Legal Services	☐ Probation Intervention	☐ SST
☐ Criminal Justice Concerns	☐ Mental Health	☐ Drug & Alcohol Counseling	☐ IEP
☐ Substance Abuse Concerns	☐ Food Stamps/Cash Aid	☐ Health Insurance/Medi-Cal	☐ Conflict Resolution
☐ Health/Medical Needs	☐ Parenting	☐ Basic Needs (clothing/food)	☐ Other _____
☐ School Concerns	☐ Academic/Education	☐ Domestic Violence Support Group	

REASON FOR REFERRAL:

REFERRAL SCREENING/CASE DISPOSITION *(FRC USE ONLY)*

SERVICES TO BE PROVIDED: ☐ Case Management ☐ Core Service ☐ Date of Intake/Assessment:_____
☐ Information Referral ☐ Other:

Case Assigned:

☐ **Social Worker** ☐ **BUHS Case Manager** ☐ **Other**_____
☐ **Eligibility Worker** ☐ **Listos Nurse**

Comments:

ORIGINAL Copy - BFRC **CANARY** Copy - BFRC(Feedback)