



HWC Student Referral Confirmation
Form



Date: 11/13/2019

To: REFERRAL SOURCE NAME

From: Family Service and Children's Aid (MH Provider Agency)

Re: STUDENT NAME

Dear :

We are in receipt of your referral of the above named student. We are committed to complete an intake on DATE at TIME at SCHOOL'S NAME School. We will provide you with ongoing status updates.

Thank you for the opportunity to serve this student.

Sincerely,

Sarah Sabin, LMSW
Handle With Care
Behavioral Health Coordinator
Family Service and Children's Aid