



## HWC Referral Status Form



To: Teacher's Name.

From: Family Service and Children's Aid

Re: Student Name

Initial Referral Date:

At Family Service and Children's Aid, our goal is to respond to requests for services in a timely manner. Upon receipt of the referral from your school we make every effort to contact new clients within 72 hours and get them scheduled for an initial intake. This letter is to update referring school personnel of the status of your referral for the above-named student.

He/She was scheduled for an intake and attended that appointment on \_\_\_\_\_ (Date of service).

He/She was scheduled for an intake and did NOT attend the appointment scheduled for \_\_\_\_\_.

He/She was scheduled for an intake and cancelled that appointment scheduled for \_\_\_\_\_.

He/She or his/her parent or guardian declined our services.

He/She is participating in another program or receiving services from another agency.

Our agency is unable to make contact via telephone and a letter has been mailed.

The phone number has been disconnected or cannot accept calls/voicemails. *If your agency has any updated contact information, please notify us or give our contact information to the parent/guardian to contact our office.*

Thank you for the opportunity to serve this student and their family.

Sincerely,

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