



HWC Student Referral Form



Referral Guidelines

1. To refer a potential student, please complete this form and return it, along with the following:
 - a. a copy of the **Release of Information** signed by the student's parent or legal guardian
 - b. a copy of the parent's or legal guardian's **insurance card (front and back)** which the child is enrolled
2. FSCA will contact the family and schedule an assessment within 48 hours of receiving this Referral Form.
3. FSCA will follow up with the school contact person listed on this form within 48 hours of the referral.

Email: HWC@strong-families.org **Fax:** 517.787.7920 **Phone:** 517.787.7920 **Contact Person:** Sarah Sabin

Referral Source Information

Date of Referral: _____ Name of School: _____
 Referring Staff: _____ Phone Number: _____
 Teacher's Name: _____ Teacher's Email: _____

Student Information

Student's Name: _____ Birthdate: _____ Gender: _____
 Race: _____ Current Grade: _____
 Parent/Guardian Names: _____ Parent/Guardian Names: _____
 Child's Insurance: _____ Name of Policyholder: _____

Reason for referral for Mental Health Intervention (briefly describe current concerns and/or behavior present):

Possible Appointment Times (student w/ parent at the school)

1st choice: Date & Time: _____ 1st choice: Date & Time: _____
 2nd choice: Date & Time: _____ 1st choice: Date & Time: _____