



GRADS – Agency Linkage Form – Referral form (Revised 12/12/18)

Student Name _____ School Name: _____

Date of Referral: _____

To be completed for each Referral (when completed, needs to be inputted into the GRADS database).

Type of Referral:

___ **Basic Needs** (Please circle all that apply)

- Clothing, Food, Housing Assistance, Utility Assistance, Transportation, Other _____

___ **Educational Support, Career, College Readiness, Employment Assistance**

(Please circle all that apply)

- Graduation Requirements, Tutoring, Online Classes, Dual Credit Classes, HS Career Technical Assistance Education Program, Application Assistance, Financial Aid/ Scholarship Info, Vocational Services (e.g., career counseling, job skills and training, resume writing), Other _____

___ **Emotional, Behavioral Health, Social and Parenting Support, Safety**

(Please circle all that apply)

- Individual/ Family Counseling Services, Teen Support Group, Intimate Partner Violence Prevention Services, Healthy Relationships Information, Parenting Skills Information (e.g., parenting class or support groups), Other _____

___ **Physical Health** (Please circle all that apply)

- Primary Care, Dental Care, Vision Care, Nutrition, Other _____

___ **Reproductive Health and Family Planning** (Please circle all that apply)

- Prenatal/ Postnatal Care, Reproductive Health Counseling, Other _____

___ **Child Needs** (Please circle all that apply)

- Child Care, Well-child Exam, Developmental Screening, Home Visitation Services, Infant Mental Health Services, Early Intervention Services, Other _____

___ **Legal Assistance**

___ **Fatherhood** (Please circle all that apply)

- Fatherhood Mentor On-Site, Outside Fatherhood Program, Fatherhood Activities, Other _____

___ **Other Services from State, County, and Community Agencies** (Please circle all that apply)

- WIC, HSD – Income Support, HSD – Medicaid, Child Care Bureau, Social Security, Outside Case Management, Other _____

Referral Status:	Service Status	Provider	Date Service Rcvd
___ Referral Made	___ Service Received	___ SBHC	
___ Services Needed, Referral Refused by Student	___ Services Not Received	___ School Provider (Not SBHC)	
___ No Services to Refer	___ Unknown	___ Community Provider	