School-Based Community Resource

Navigator/Community Health Worker Referral

PLEASE COMPLETE AND FORWARD TO YOUR BUILDING PRINCIPAL. IF APPROVED, YOUR PRINCIPAL WILL FORWARD TO NAVIGATOR. AT THAT POINT, THE NAVIGATOR WILL REACH OUT TO REFERRAL SOURCE TO CONFIRM NAVIGATOR INVOLVEMENT. THANK YOU!

BASIC INFORMATION:

CHILD'S NAME: _____**DATE OF BIRTH:**_____ **GRADE:** _____

TEACHER: _____ **BUILDING: E B S MS HS**

PARENT(S) NAME: _____ **PARENT CONTACT #:** _____

IS FAMILY AWARE THAT YOU MADE THIS REFERRAL? • YES • ATTEMPTED, BUT NO RESPONSE

ANY KNOWN SIBLINGS IN THE HOME:

_____

_____

REASON FOR REFERRAL:

- PHYSICAL HEALTH
- MENTAL HEALTH
- FOOD
- EMPLOYMENT
- HOUSING
- ENVIRONMENTAL SAFETY
- UTILITY BILLS
- CHILD CARE
- ELDER CARE
- EDUCATION (PARENT)
- TRANSPORTATION
- HOUSEHOLD SUPPLIES
- CLOTHING
- MEDICAL INSURANCE ISSUES
- PARENTAL SUPPORT
- ACADEMIC ISSUES
- TRUANCY
- _____

DESCRIBE WHY YOU CHECKED THE BOXES ABOVE AND DESCRIBE ANY ADDITIONAL CONCERNS:

_____

_____

_____

WHAT IS YOUR DESIRED OUTCOME FOR FAMILY WHILE WORKING WITH NAVIGATOR? (BE SPECIFIC)

_____

_____

DOES THE STUDENT/FAMILY HAVE ANY CURRENT SUPPORT SERVICES IN PLACE?

(CPS, COUNSELING, MENTORING, FOSTER CARE, PARENTING CLASSES ECT.)

_____

_____

IS THIS CHILD INVOLVED IN SPECIAL EDUCATION SERVICES? •NO •YES

If yes, who is involved in their plan? _____

_____

NAME & POSITION OF REFERRAL SOURCE: _____

Insurance Provider:_____ Plan Number: _____

Navigator Use: Date referral was received: _____

Date of initial contact with family: _____