



SSC ALACHUA COUNTY SYSTEM of CARE
 Students to Successful Citizens
 Student Support Services
System of Care Referral Form

To be completed by Referring School

Student Name: _____ Date: _____

School: _____ Student #: _____ Grade: _____

Gender: Male Female Primary Home Language: _____

Ethnicity: White Black or African American Hispanic or Latino
 Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander

Parent/Guardian Name: _____

Please Identify the parent/Guardian Family Role:

Parent Step-Parent Legal Guardian Grandparent Foster Parent Other: _____

Parent/Guardian Address: _____

Parent/Guardian Home Phone: _____ Other Phone Number: _____

Parent/Guardian Email: _____

Insurance (Include Type if Medicaid): _____

Primary Problem:

Interventions Attempted:

Agencies Involved:

Services Requested:

Please identify the criteria used for this referral (*check all that apply*):

Criteria	<input type="checkbox"/> 5 or more discipline referrals Type: _____	<input type="checkbox"/> 10 or more unexcused absences/ per semester	<input type="checkbox"/> Involvement in Bullying <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> History of Juvenile Justice Involvement/ Civil Citation	Trauma: <input type="checkbox"/> Abandonment <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Loss of Parent <input type="checkbox"/> Abuse <input type="checkbox"/> Bullying <input type="checkbox"/> Other: _____
	↓	↓	↓	↓	↓
Goals	Reduce Discipline Referrals	Reduces Absences	Reduce Bully Involvement	Reduce Juvenile Justice Involvement	Assess and Address Trauma

Upon completion, please fax form and student's attendance, discipline, and grades to
 Veita Jackson-Carter at (844) 410-6814