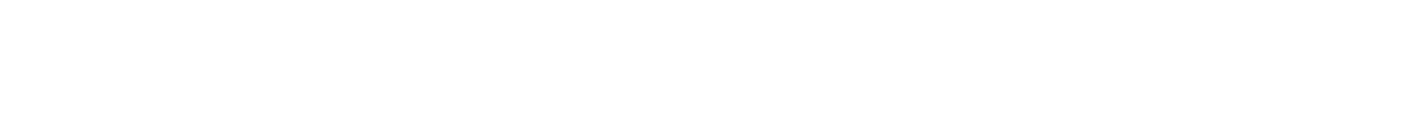
**School Ties Program**

**2019/2020 Referral Form**

**\*INCOMPLETE REFERRALS WILL NOT BE PROCESSED\***



**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency:**

**Name/Title/Email/Phone:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT INFO:**

Name: DOB: School: Grade:

Parent / Guardian /Caretaker name & Phone:

Current address or location:

Active IEP

**CURRENT LIVING SITUATION:**

Doubled-Up (shared housing

Hotel/Motel

Shelter

Unsheltered (vehicles, parks campgrounds)

**Additional Info:**

Unaccompanied Youth (Living outside the care of parent/guardian)

Displaced, due to Camp Fire

**REQUESTED SERVICES:**

Enrollment Assistance

IEP Support

Tutoring (*Please complete tutoring form here* [Tutor Request Form](https://core-docs.s3.amazonaws.com/documents/asset/uploaded_file/72451/Tutor_Request_Form_FosterYouth.pdf))

Info on Community Resources

Bus Pass (*must specify, please circle one*)

Student **LOCA**L, Student **REGIONAL**, or **Parent** Pass

Backpack (*please note color preference, circle one*)

**Black/Blue/Gray** or **Pink/Purple/Turquoise**

*Send referrals to* [cwinkle@chicousd.org](mailto:cwinkle@chicousd.org) *prior to sending to School Ties*

*REFERRALS ACCEPTED VIA EMAIL ONLY:*

For Chico/Paradise area, please send to Tiffany Danger  [tdanger@bcoe.org](mailto:tdanger@bcoe.org)

For Oroville-Area, Gridley, Biggs, please send to Adri[anne Watkins  aw](mailto:tdanger@bcoe.org)[atkins@bcoe.org](mailto:awatkins@bcoe.org)