

United Independent School District Social Services Referral Form



Student Information

Student Name:		
ID#:	DOB:	Age:
School Name:		Grade:

Please note:

Identified McKinney Vento students/families are eligible to receive Social Services at United Independent School District.		
Social Services will be received by:	<input type="checkbox"/> McKinney Vento Family/Student	<input type="checkbox"/> Family of school aged youth living in any of the following situations: Homeless shelter, doubled up due to Economic Hardship, living in car, park, empty building, motel or campground.

Caregiver Information

Parent/Guardian Name:	Phone Number:
Address:	Is parent/guardian aware of referral? Yes No
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	

Please check the service(s) you believe the student and/or family needs.

- | | | |
|--|---|--|
| <input type="checkbox"/> Economic Hardship | <input type="checkbox"/> Housing | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Drop Out | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Health Services: Medical/Dental
<i>(Health Education & Connecting families to community based providers)</i> | <input type="checkbox"/> Academic/Educational Services
<i>(Tutoring Resources & Academic Counseling)</i> | |
| <input type="checkbox"/> Application for Food & Medical Assistance
<i>(Assisting with SNAP/Medicaid application)</i> | <input type="checkbox"/> Parent Education & Support | |
| <input type="checkbox"/> Family Assistance
<i>(Food, Utility, Hygiene, Clothing)</i> | <input type="checkbox"/> Employment Services
<i>(Referral Employment Agency)</i> | |

Additional Information/Comments

Referred by _____

Phone Number _____

Date _____

PLEASE EMAIL THE REFERRAL TO: vanero46@uisd.net

Digital Google Form available under Federal Programs Department