

**NIU Educational Access Project for DCFS
Referral Form for Education Assistance**

Referral Source Information	
Name:	Date:
Email:	Phone:
Agency/Region or School/District:	

Student Information		
Name:	DCFS ID:	
D.O.B.:	Gender:	Ethnicity:
Race:	Primary Language:	
Placement:		
Caregiver:	Phone:	
Address:		
Caseworker:	Phone:	
Caseworker Agency:	Phone:	

Student School Information	
School Name:	Grade:
School Contact:	
Email:	Phone:
Education Program	If Other, Specify:
Please explain the primary educational problem:	

For Office Use Only	
Date Received:	Date Acknowledged:
Staff/Comments:	