



Alternative Schools Network

# Referral Form

## Prospective Student Information

Name \_\_\_\_\_ DCFS ID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ Gender:  Male  Female Ethnicity: \_\_\_\_\_ Primary Language \_\_\_\_\_  
If other than English \_\_\_\_\_

Student Phone \_\_\_\_\_ Living Situation Type \_\_\_\_\_

Student E-mail \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Caregiver Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Days at current placement \_\_\_\_\_

Age when DCFS case was open \_\_\_\_\_

Total number of placements \_\_\_\_\_

### Educational Information:

Number of Previous High Schools \_\_\_\_\_ Credits Completed \_\_\_\_\_

Number of days out of school \_\_\_\_\_ Grade Level \_\_\_\_\_

Parenting:  Yes, How Many?   No  
Currently Pregnant:  Yes, Due Date?   
 No

Special Education or Special Needs?  Yes  No  Unknown  
Date of Last IEP \_\_\_\_\_

## Caseworker/Agency Information

Caseworker \_\_\_\_\_ Supervisor \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Fax \_\_\_\_\_

### Referral Submission Information:

Referral Filled out by: \_\_\_\_\_  
Print Name, Sign and Date

Relationship to Student \_\_\_\_\_

Potential Student: \_\_\_\_\_  
Signature and Date

## Processing (to be completed by school or ASN staff):

Mentor  School  \_\_\_\_\_

Date Referral received at school

Date first contact was made on

Date of 1st Interview

Date of 2nd Interview

DCFS Program Monitor Approval Signature, Date \_\_\_\_\_

Enrollment Status  Pending (Trial Period) Start Date  End Date

Accepted Date Enrolled

Not Accepted Date Not Accepted

Redirect to:

Comments \_\_\_\_\_  
If not accepted, state reason.