



TLC REFERRAL

Email form to: TLCreferral@dusd.net Phone: 562-904-3577

Please consult with the Department of Children and Family Services at 800-540-4000 in cases of suspected child abuse, neglect, and domestic violence.

CONFIDENTIAL

- Parent / Guardian notified that TLC will be contacting them ? Yes Date: _____
- Parent / Guardian is Spanish speaking only? Yes No

Indicate area of need or concern:

Therapy
 Health Insurance
 Homeless Support
 Health
 Parent Ed.
 Food Insecurity
 Basic Needs
 School Supplies
 Vision
 Other _____

Date: _____ School: _____ ID # _____ GR: _____ Teacher / Counselor _____

Last Name: _____ First Name: _____ D.O.B. _____

Parent(s) / Guardian Name: _____

Address(optional): _____

Contact Phone #1: _____ Contact Phone #2: _____

Referred by: _____ Ext.: _____ Title: _____

BRIEFLY describe the issues or challenges faced by student/family:

1. **If** mental health concerns are described above, **date** school psychologist was contacted: _____

2. **If** child abuse, neglect or domestic violence was described, date DCFS contacted: _____

Were you given a 19 digit referral #? Yes No Number: _____

3. **If** suicide ideation is described, a risk assessment must be completed by school site:

Date of risk assessment _____ by: _____ Ext.: _____

Principal / Assistant Principal(ONLY): _____ Signature: _____
(Print) (Sign or Email CC Principal/Assistant Principal)

Date Received: _____ -TLC USE ONLY- Intake Staff: _____

Entered: T _____ Email CC: _____