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 language?** ☐ **English** ☐ **Spanish** ☐ **Other**_____

Indicate area of need or concern:

☐ Mental Health ☐ 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: ☐ **CS** ☐ **T**___ **Email CC:** _____

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