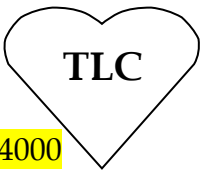


CONFIDENTIAL



TLC REQUEST FOR SUPPORT SERVICES



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.

Immediate Action Required

***ALL INFORMATION ON THIS FORM IS REQUIRED, PLEASE DO NOT OMIT.**

1. Parent /Guardian notified that TLC will be contacting them? Yes Date: _____
2. Parent/Guardian is Spanish speaking only? Yes No
3. Has this student also been referred to any of the following?

ERICs / SBCIS JFCS Community Family Guidance Pacific Clinics Other

Indicate area of need or concern:

Counseling Dental Food Health Insurance Homeless Support Health Clinic Parenting Ed. Vision

Date _____ School _____ I.D. # _____ Teacher/Counselor _____

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

Parent(s)/Guardian Name _____

Address (Optional) _____

Contact Phone #1 _____ Contact Phone #2 _____

Referred by: _____ ext. _____ Title: _____
(Please Print)

BRIEFLY describe student's/family's need or problem _____

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

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

Were you given a 19 digit referral #? Yes No

3. **If** you mentioned above suicide ideation, a risk assessment must be completed by school site:

Date of risk assessment _____ by: _____ ext. _____

Principal/Assistant Principal: _____ (PRINT) _____ (SIGN or Email CC to Principal/Assistant Principal)

Email CC: _____

TLC Use Only

INTAKE STAFF: _____

DATE RECEIVED: _____