

Breaking Barriers Program

Referral Form

Date: _____

Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Language: _____

Address: _____

Name of School: _____

Is client enrolled in school: ☐ Yes ☐ No

Age: _____

Ethnicity: _____

Phone: _____

City/State/Zip: _____

Grade: _____

Parent/Guardian: _____

Phone: _____

Address: _____

City/State/Zip: _____

Where is the child or family currently living? (Check one box only)

- | | |
|--|---|
| <input type="checkbox"/> Motel, Car, Tent, or Trailer Park | <input type="checkbox"/> Substandard-Housing not Suitable for Living or Sleeping In |
| <input type="checkbox"/> Doubled Up with Family or Friends | <input type="checkbox"/> Awaiting Foster Care Placement (Emergency Shelter) |
| <input type="checkbox"/> Shelter or Transitional Housing Program | <input type="checkbox"/> Migratory Children with Living Situation Described Above |
| <input type="checkbox"/> Other: _____ | |

Does client have siblings? ☐ Yes ☐ No

If yes, please provide following information:

Name:	Date of Birth:	Age:	School of Attendance:	Grade:	Ethnicity:

Client identified needs:

Additional information or concerns:

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Client notified of referral? ☐ Yes ☐ No

Person Referring: _____

Agency: _____

Phone: _____

Fax: _____

**Please
Send
To:**

Kings County Office of Education
Attn: Susan Brewer
1144 W. Lacey Blvd., Hanford, CA 93230
Fax: (559) 589-7006 Phone: (559) 589-7076
E-mail: susan.brewer@kingscoe.org

**Office
Use
Only:**

☐ FYS ☐ EHCY
☐ Entered in MARS
MARS ID: _____
Intake Date: _____