**Referral to Social Worker**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDLTCC ID #:</td>
<td>Student’s Phone:</td>
</tr>
<tr>
<td>Referring Staff Member:</td>
<td>Staff’s Phone:</td>
</tr>
<tr>
<td>Reason for Referral (summary)</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

Does the student present with *any* of the following needs?  □ Yes  □ No  
[Check those that apply]

- □ Housing Insecurity  □ Chemical Health  □ Legal/Student Conduct
- □ Food insecurity  □ Mental Health  □ Safety
- □ Transportation  □ Child care  □ Other: __________________________
- □ Physical Health  □ Financial

Is student aware of referral to social worker?  □ Yes  □ No

**Student Support Needs: Please check all that apply**

- □ Connect student with needed service providers
- □ Facilitate collaboration with multiple departments, agencies
- □ Research available resources
- □ Other: __________________________________________________________

**Follow-up Notes (to be completed by Social Worker)**