

Fond du Lac Tribal and Community College

Telephone: (218) 879-0898

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Referral to Social Worker

Student Name:	Date:
FDLTCC ID #:	Student's Phone:
Referring Staff Member:	Staff's Phone:
Reason for Referral (summary)	

Additional Information

Does the student present with any of the following needs? Yes No

[Check those that apply]

- | | | |
|---|--|--|
| <input type="checkbox"/> Housing Insecurity | <input type="checkbox"/> Chemical Health | <input type="checkbox"/> Legal/Student Conduct |
| <input type="checkbox"/> Food insecurity | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> 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*)

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