

PACE Center for Girls Inc. Pasco

Referral Form/Face Sheet

Referral # _____

Date _____ Referred By _____ Contact # _____

Student Name _____ SSN _____ Student ID _____

Address _____ City _____ ST _____ Zip _____

Date of Birth _____ Age _____ Race _____ Ethnicity _____

Last School Attended _____ Last Grade Completed _____ Current Grade _____

School Information (check one) Regular Classes ESE 504 Plan

PARENT/GUARDIAN CONTACT INFORMATION

Mother _____ Home # _____ Cell# _____

Address _____ E-mail: _____

Father _____ Home # _____ Cell# _____

Address _____ E-mail: _____

Legal Guardian _____ Home # _____ Cell# _____

Address _____ E-mail: _____

REFERRAL STATUS (place P next to PRIMARY reason for referral and S next to secondary reasons)

- Truancy Ungovernable Expelled/Suspended Mental Health Runaway
 Dropout Delinquent Pregnant/Teen Parent Sexual Abuse Physical Abuse
 Academic Underachievement Substance Use Physical Health

Other: _____

Brief History: _____

LIST ALL AGENCIES/PERSONS CURRENTLY INVOLVED WITH STUDENT/FAMILY: Please include Probation officers, DCF and DJJ Case Managers, Counselors/Therapists, YFA, and any other relevant parties pertaining to student.

Agency _____ **Name** _____ **Phone** _____

Agency _____ **Name** _____ **Phone** _____

Agency _____ **Name** _____ **Phone** _____

Send completed forms via mail, email, or fax to Renee Shelton, Outreach Counselor:

7545 Little Road New Port Richey, FL 34654

renee.shelton@pacecenter.org

Phone: (727) 849-1901 Fax: (727) 842-5979