CONFIDENTIAL

TLC REQUEST FOR SUPPORT SERVICES

FAX: (562) 469-7155 Phone: (562) 904-3577

TLC

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. Active IEP? ☐ Yes ☐ No

Indicate area of need or concern:

☐ Counseling ☐ Dental ☐ Food ☐ Health Insurance ☐ Health Clinic ☐ Parenting Ed. ☐ Vision

Date_____ School_____ I.D. #_____ Teacher/Counselor _____

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

Parent(s)/Guardian Name _____

Address _____

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) **(SIGNATURE)**

TLC Use Only

DATE RECEIVED: _____ **INTAKE STAFF:** _____

☐ ELL ☐ Foster ☐ Homeless ☐ Special Education

Last Revised 9/2016