



Lamont Weedpatch Family Resource Center

7839 Burgundy Ave., Lamont, CA 93241

(661) 845-2724 • Fax (661) 845-5114

Referral for Services

Date: _____ Referring Person: _____

Student Name: _____ D.O.B.: _____

School Site: _____ Teacher: _____ Grade: _____

Was Parent Notified of Referral? Yes No By whom? _____

Please select the reason for referral below:

- Behavior** (Circle one: Defiant Short Attention Span Withdrawn)
- Health** (Circle one: Health Insurance Health Care Mental Health Dental Vision)
- School Performance** (Circle one: Inattentive/Uninterested Not Completing Work Tardy)
- Home Environment** (Circle one: Housing Income Food Clothing Parenting Skills)
- School Based Services** (Circle one: Address Verification Translation Transportation)
- Other (Please Specify Below)**

Additional information or explanation of referral:

If you have any questions, please call the Family Resource Center at (661) 845-2724.

FRC Office Use Only

Date Received: _____ Data Entered (Initials): _____

Assigned to: _____ First Contact Date: _____

One-Time Service Case Opened Declined Services No Contact

Finished/Follow Up Letter Sent (Date): _____