

**Truancy Family Referral Form**

**Referral Guidelines**

1. To refer a potential family, please complete this form and return it.

**Family Information**

Caregiver's  
Name:

Date:

Youth's Name:

DOB:

Email:

Telephone:

Address:

**Referral Information**

Referral Source:

Email:

Telephone:

Name of person  
referring:

Name of person receiving information:

Email:

**For Human Resources Use Only**

Date Received:

Interviewed?

Engaged:

Award Date: