

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)
Treehouse Educational Advocacy Referral
 Email to eareferrals@dcyf.wa.gov



Student Information. All fields are required.

NAME		ALSO KNOWN AS (AKA)	
DATE OF BIRTH		RACE / ETHNICITY (PLEASE SELECT ALL THAT APPLY)	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> African / African American	<input type="checkbox"/> American Indian
ESL / ELL FAMILY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Hispanic / Latino
		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Other (specify):	
PLACEMENT <input type="checkbox"/> Birth Home (Information / Referral Only) <input type="checkbox"/> Kinship / Fictive Kin <input type="checkbox"/> Foster <input type="checkbox"/> Group Care <input type="checkbox"/> Other (specify):			
LEGAL STATUS <input type="checkbox"/> Legally Free <input type="checkbox"/> Dependent <input type="checkbox"/> Guardianship <input type="checkbox"/> CHINS <input type="checkbox"/> VPA <input type="checkbox"/> Parental Custody			
PERSONAL IDENTIFICATION NUMBER		Is the youth in a temporary placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERMANENCY PLAN			

Contact Information

DCYF WORKER'S NAME	PHONE NUMBER	EMAIL ADDRESS
CAREGIVER'S NAME	PHONE NUMBER	EMAIL ADDRESS
ADDRESS	CITY	STATE ZIP CODE
Does the caregiver know this referral has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Guardian Ad Litem OR <input type="checkbox"/> CASA:	NAME	PHONE NUMBER
PRIVATE PLACING AGENCY CASE MANAGER'S NAME		PHONE NUMBER

Referral Information

DATE OF EA REFERRAL	REFERRAL SOURCE <input type="checkbox"/> R1 <input type="checkbox"/> R3 <input type="checkbox"/> R5 <input type="checkbox"/> R2 <input type="checkbox"/> R4 <input type="checkbox"/> R6	
REFERRAL SOURCE <input type="checkbox"/> DCYF worker <input type="checkbox"/> CHET Screener	DCYF Office Name:	
CURRENT ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled	IF NOT ENROLLED OR EXPELLED, PLEASE EXPLAIN	
EDUCATIONAL PLACEMENT <input type="checkbox"/> General Ed <input type="checkbox"/> 0 - 3 <input type="checkbox"/> Special Ed (IEP) <input type="checkbox"/> 504 <input type="checkbox"/> Other:	SCHOOL CURRENTLY ATTENDING	
	GRADE IN SCHOOL	SCHOOL DISTRICT
PLEASE CHECK REFERRAL CONCERNS <input type="checkbox"/> Needing school services (SpEd / 504, etc.) <input type="checkbox"/> School discipline <input type="checkbox"/> School enrollment <input type="checkbox"/> Not progressing at grade Level (credits, retention, etc.) <input type="checkbox"/> Attendance		
SUMMARY OF EDUCATIONAL ISSUES PROMPTING THIS REFERRAL		
REFERRING CA WORKER'S SIGNATURE	DATE	

* FOR ADDITIONAL QUESTIONS, PLEASE CONTACT THE TREEHOUSE EDUCATION ADVOCACY PROGRAM MANAGER AT 206.767.7000