

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



Treehouse Educational Advocacy Referral

Email to eareferrals@dshs.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	
PERMANCY PLAN			
Contact Information			
CA 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	
REFERRAL SOURCE <input type="checkbox"/> CA worker <input type="checkbox"/> CHET Screener		<input type="checkbox"/> R2 <input type="checkbox"/> R4 <input type="checkbox"/> R6	
		CA 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.
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