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| HWC Student Referral Confirmation Form |  |

Date: 8/7/2017

To: REFERRAL SOURCE NAME

From: Family Service and Children’s Aid (MH Provider Agency)

Re: STUDENT NAME

Dear :

We are in receipt of your referral of the above named student. We are committed to complete an intake on DATE at TIME at SCHOOL’S NAME School. We will provide you with ongoing status updates.

Thank you for the opportunity to serve this student.

Sincerely,

Sarah Sabin, LMSW

Handle With Care

Behavioral Health Coordinator

Family Service and Children’s Aid