

GRADS – Agency Linkage Form (Revised 12/12/18)

Student Name	School Yr/ Semester	Grade / Rank School:
(Check Student Category)	Current GRADS Student; GRADS Case Manag	ged Only; Former GRADS

This information must be inputted into the GRADS database (www.nmgrads.org)

		C	ontac Type	t		Locat Confe	tion of erence	: !		Related issue(s) - Case Management Activities					Referrals							
Date	Time Spent during This CM Activity	Contact by Letter	Telephone Contact	Personal Contact	In-School	Home Visit/ Family	Other - Off Campus	Hospital Visit	Recruitment Activity	Pregnancy	Delivery Post Partum	Newborn -Child Care	Parenting	Partner Relationship	Student/ Guardian Relationship	Peer Issue	Family Planning	Teacher/ Counselor Issue	School Attendance / Academic Status	Other:	Referral to Agency <u>(See separate</u> <u>referral form)</u>	Further Documentation
otals																						



GRADS – Agency Linkage Form – Referral form (Revised 12/12/18)

Student Name	School Name:
Date of Referral:	
To be completed for ea	ch Referral (when completed, needs to be inputted into the GRADS database).
Гуре of Referral:	
	(Please circle all that apply) od, Housing Assistance, Utility Assistance, Transportation, Other
Educational (Please circle	Support, Career, College Readiness, Employment Assistance all that apply)
 Graduation I Assistance I 	Requirements, Tutoring, Online Classes, Dual Credit Classes, HS Career Technical Education Program, Application Assistance, Financial Aid/ Scholarship Info, Vocational g., career counseling, job skills and training, resume writing), Other
Emotional, B (Please circle a	ehavioral Health, Social and Parenting Support, Safety
 Individual/ F Services, He 	amily Counseling Services, Teen Support Group, Intimate Partner Violence Prevention ealthy Relationships Information, Parenting Skills Information (e.g., parenting class or ups), Other
	ulth (Please circle all that apply) e, Dental Care, Vision Care, Nutrition, Other
	e Health and Family Planning (Please circle all that apply) stnatal Care, Reproductive Health Counseling, Other
	(Please circle all that apply)
 Child Care, \(\) 	Well-child Exam, Developmental Screening, Home Visitation Services, Infant Mental ces, Early Intervention Services, Other
Legal Assist	ance
 Fatherhood 	Please circle all that apply) Mentor On-Site, Outside Fatherhood Program, Fatherhood Activities,
	es from State, County, and Community Agencies (Please circle all that apply) Income Support, HSD – Medicaid, Child Care Bureau, Social Security, Outside Case

Referral Status:	Service Status	Provider	Date Service Rcvd
Referral Made	Service Received	SBHC	
Services Needed,	Services Not Received	School Provider (Not	
Referral Refused by Student		SBHC)	
No Services to Refer	Unknown	Community Provider	