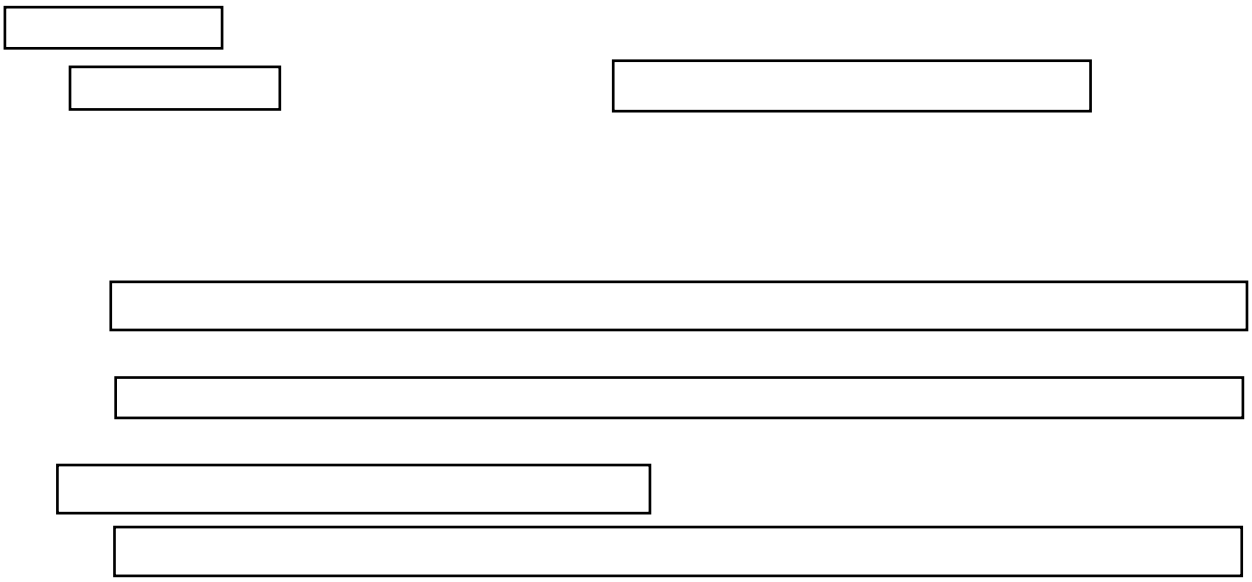

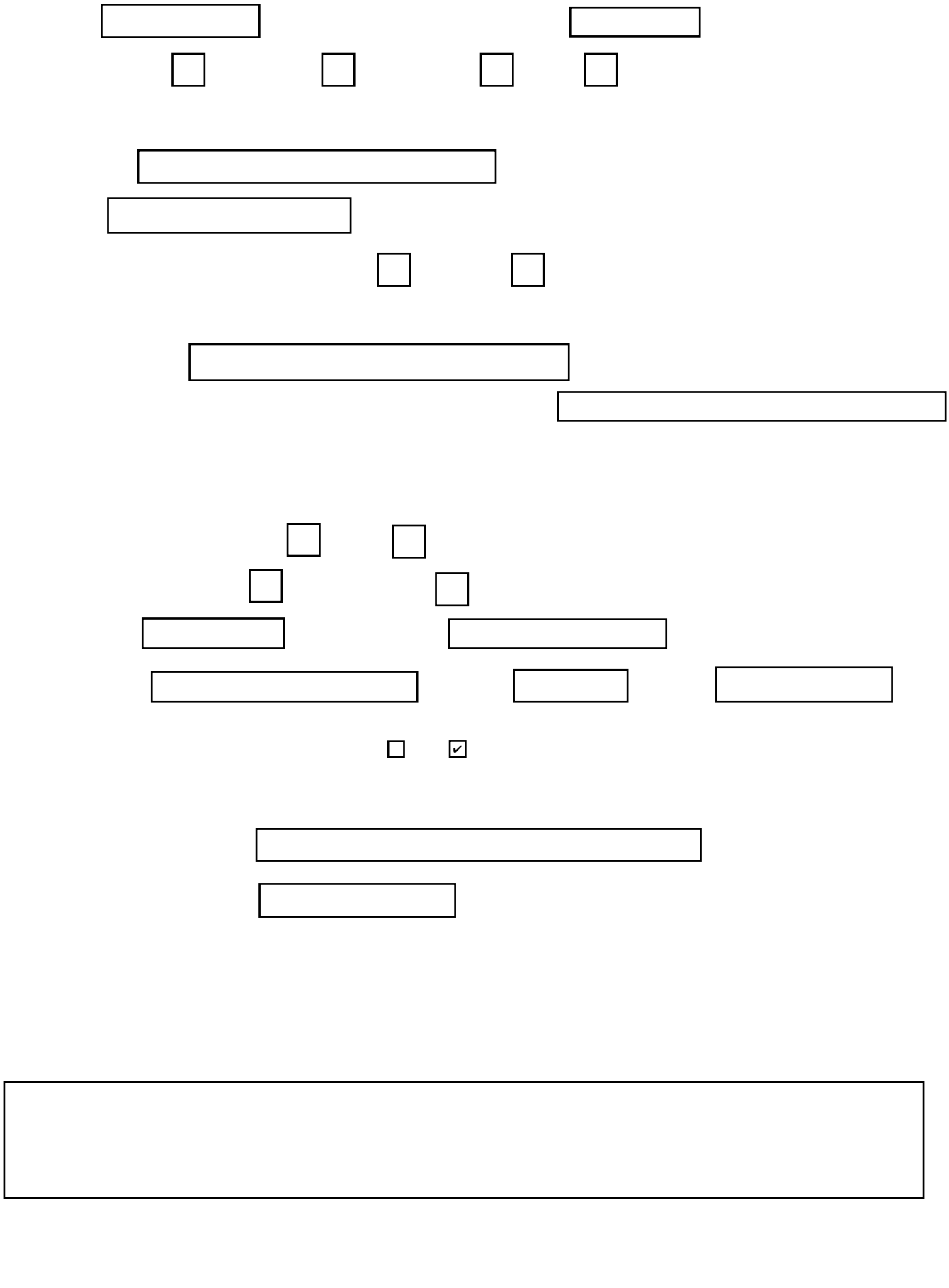

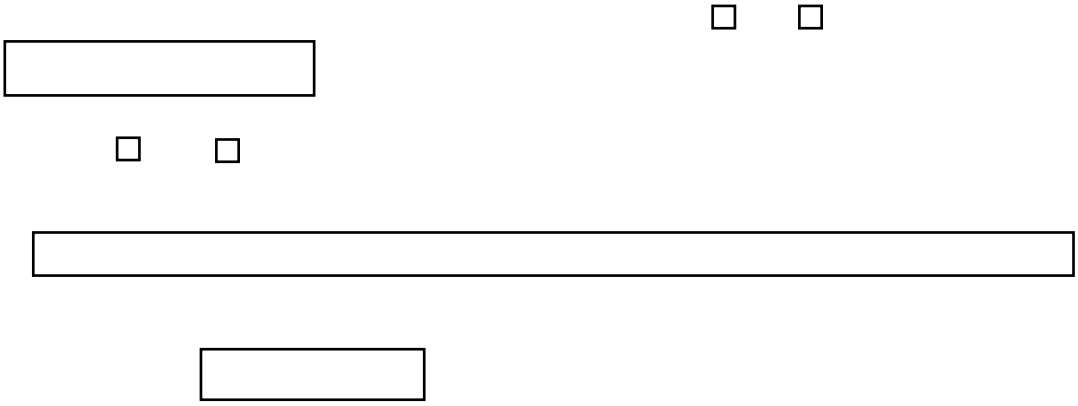

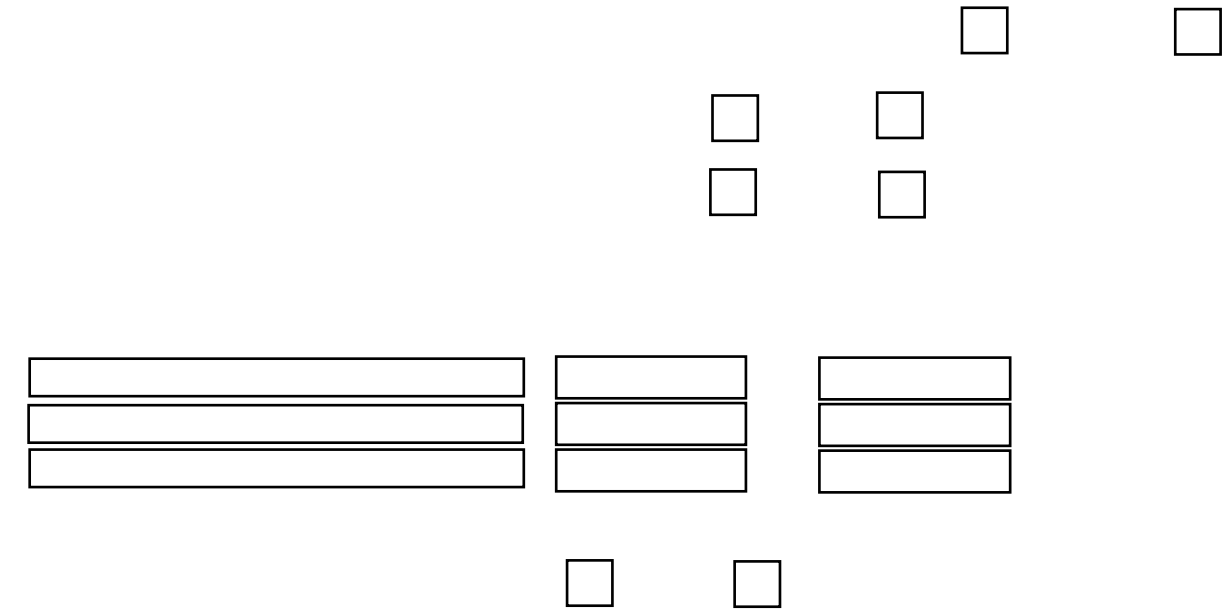

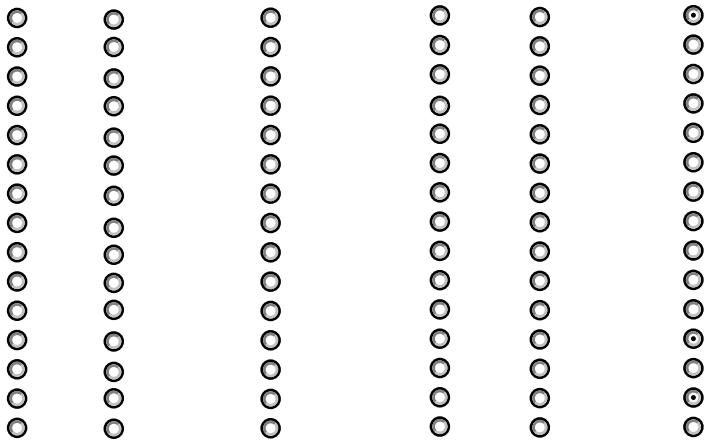

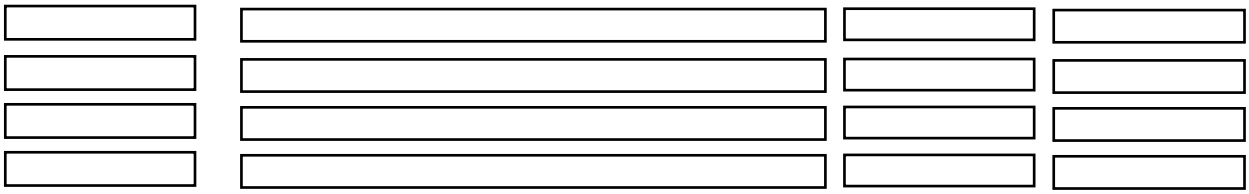

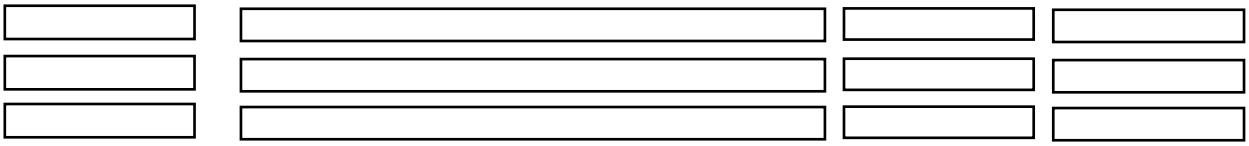

Education

Financially Responsible School Name: _____

Enrolled in School? Yes ☐ No ☐

Start Date: _____ End Date: _____

District of Residence: _____ District of Attendance: _____

School Name: _____ Phone Number: _____

Address: _____

Street Address *City* *State* *Zip*

Current Grade: _____ School Year: _____

School Placement: ☐ General Education ☐ Special Education

Is the youth on an IEP? ☐ Yes ☐ No

Does the youth have a 504 accommodation? ☐ Yes ☐ No

Placement Type: _____

Are there attendance or truancy issues? ☐ Yes ☐ No

FOR HSPD OFFICE USE ONLY

County Youth Identifier (Claim #): _____

Youth ID _____ (Case#) _____

Outcome of Referral/Council Response to Referral:

☐ Medium Level Service Coordination (Referral to Local Resource)

☐ High Level Service Coordination (Family Team Meeting) Date of Team Meeting: _____

Received by HPSD Staff:

_____ _____

Signature of HSPD Program Coordinator Date