

Case # _____
Date Opened _____
Date Closed _____



Helping all children succeed for life.

Family Resource Team

Referral Form

To make a referral please provide the information listed below to:

Toni Detherage, Family Resource Advocate

2518 Ridge Court, Room 240

Lawrence, KS 66046

(785) 979-7607; FAX: (785) 843-3728

Referral Date _____

Referring Agency _____

Referring Contact Person _____

Address _____

Phone Number _____

Family Name _____

Mother's Name _____

Date of Birth _____

Address _____

Zip _____

Phone Number _____

Father's Name _____

Date of Birth _____

Address _____

Zip _____

Phone Number _____

With whom does the child live? _____

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Others in Home _____

Relationship _____

Others in Home _____

Relationship _____

Any special needs for child(ren)

Circle one: Developmental Physical Other _____

Please specify _____

Any special needs for parent(s)

Circle one: Developmental Physical Other _____

Please specify _____

Reason(s) for Referral:

Releases/Consents Signed? (Please include a copy) _____