

Bethel Community Foundation (BCF), Inc.  
Truancy Intervention Program Service (TIPS)  
Referral Form

Student First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Date Contacted \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attendance/Grade \_\_\_\_\_

Student Gender/Race \_\_\_\_\_

Referral – Agency \_\_\_\_\_ Referral Person \_\_\_\_\_ Date \_\_\_\_\_

Description Problems: \_\_\_\_\_

Current Services: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Follow-up Contacts: \_\_\_\_\_

FAX Referral to 727/866-9968 or e-mail [wthomas.bcf@gmail.com](mailto:wthomas.bcf@gmail.com) / [cshaw.bcf@gmail.com](mailto:cshaw.bcf@gmail.com)

**OFFICE USE ONLY**

\_\_\_\_\_ Referral Received  
Date

\_\_\_\_\_ Screening began w/receipt of referral  
Date

\_\_\_\_\_ Screening began w/CINS/FINS Parent contact in Court  
Date