



DeSoto County Schools Request for Social Work Services

Counselor/Admin. Requesting Services _____ School _____ Date _____

STUDENT'S RESIDENCE: Parent/Guardian Resident/Children's Home Foster Parent Other: _____

Student's Name _____

Gender _____ D.O.B. _____ Grade _____

Student's Home Address _____

Medicaid/Insurance # (if known) _____

Mother's Name _____ Mother's Phone _____

Mother's Home Address (if different from student) _____

Father's Name _____ Father's Phone _____

Father's Home Address (if different from student) _____

In Legal Custody of _____ Phone _____

Relationship to student _____

Parent/Guardian E-Mail Address _____

REASON(S) FOR REQUESTING SOCIAL WORK SERVICES

SCHOOL-HOME-FAMILY PROBLEMS

- Lack of Supervision
- Substance Abuse
- Runaway
- Pregnancy
- Possible Abuse: Neglect Physical Sexual
- Excessive Absences/Tardiness/Drop-Out
- Home-School Communication
- Environmental Problem

- Need for Community Resources
- Homelessness
- Health/Insurance
- Economic/Financial
- Family Support Services
- Other: _____

Teacher's/Counselor's/Administrator's Description of Student Problem:

Actions Taken Prior to Request for Services:

Send this Request Form to your **school counselor**.
 *A copy of referral should be sent to Sarah Samples at Central Services.
 (Phone: 662-449-7290 or Fax: 662-449-1429)
 Date received and Approved at Central Services: _____