



**LINCOLN
FAMILIES**
CHANGING LIVES | STRENGTHENING COMMUNITIES

SCHOOL ENGAGEMENT PROGRAM

INTAKE FORM

Please fill out completely and submit (along with any supporting documentation) to:
SEPACReferrals@lincolnfamilies.org

Date of Referral: _____

Referral Source: _____ Next Court Date: _____

Contact Name: _____ Contact #: _____ Email: _____

Youth name: _____ DOB: ___/___/___ Sex: _____

Attending school: Yes No IEP: Yes No Designation: _____

Grade: _____ School: _____ District: _____

Insurance (Medi-Cal#): _____ SSN #: ___/___/___

Living situation: _____ Youth residence address: _____

Parent/Caregiver name: _____ Phone: _____

Email: _____ Language Need: Yes No

Please let the family and youth know you are referring them for SEP services.
Family/Youth is aware of this referral: Yes

What is the presenting concern(s) affecting school attendance, and any other related situations affecting youth/family?

Other services youth and/or family receiving: _____
