



HO-CHUNK NATION

Division of Social Services-Youth Services Program
La Crosse Youth & Learning Center

STUDENT REFERRAL FORM

Referral Guidelines

1. To refer a student for services with the La Crosse Youth & Learning Center, please complete this form and submit via hard copy, e-mail, US mail or fax. Information can be found on our webpage: <http://www.ho-chunknation.com/>
2. Students are eligible for services if;
 - a. Enrolled in a federally recognized tribe or;
 - b. A parent or grandparent is enrolled in a federally recognized tribe, as defined in Elementary and Secondary Education Act, Title VII, Part A, Subpart 1.
3. If you are unsure of student eligibility, please contact the La Crosse Youth & Learning Center.

Referral Information

Person making referral: _____ Date _____
 School/Org: _____ Title: _____
 E-mail Address: _____ Telephone Number: _____
 Signature: _____

Referral Information

Student's Name: _____
 School: _____ Grade: _____ IEP: Yes No Unknown
 Reason for Referral: After School Programming
 Academic Specify: _____
 Behavior Specify: _____
 Other Specify: _____
 List current services student is receiving: _____
 Best time to work with student in school: _____
 Parent/Guardian Name: _____ Contact Info: _____

Youth Services Use ONLY

Date Received: _____ YS Assigned: _____ Date Assigned: _____
 Service Requirements In School Tutoring After School Program Referral Services
 Advocacy Mentoring Other: _____