

STUDENT REFERRAL

Today's Date: _____



Rhode Islanders Sponsoring Education
Empowering Children of Incarcerated Parents
1155 Westminster Street, Providence, RI 02909 401.421.2010

Child's Name: _____

First Last

DOB: _____

(MM/DD/YYYY)

Gender: (M/F) _____

Race/Ethnicity: _____

Current Grade: _____

Current School: _____

PERSON MAKING REFERRAL (If other than Primary Caretaker)

Name, Title of person making referral: _____

Agency, Organization: _____

Phone: () - _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

CARETAKER INFORMATION

Primary Caretaker Name: _____

Gender: (M/F) _____

Relation to Student: _____

Caretaker DOB: _____

(MM/DD/YYYY)

Home Phone: () - _____

Mobile Phone: () - _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail: _____

Preferred Language: _____

Employment Status: _____ **Employer, Job title:** _____

Secondary Contact Name: _____

Relation to student: _____

Phone: () - _____

How did you hear about RISE?

(For Staff Use Only)

Referral received by: _____ *(staff)*, on _____ *(date)*

Interest in:

Scholarship Program

Mentoring Program

Other Supports *Explain* _____

FAMILY HISTORY

Legal Name of Biological Mother: _____ **DOB** _____
first middle last

Legal Name of Biological Father: _____ **DOB** _____
first middle last

(Please Circle One)

- 1. Is the child’s biological mother currently incarcerated? Yes No
- 2. Was the child’s biological mother formerly incarcerated? Yes No
- 3. Is the child’s biological father currently incarcerated? Yes No
- 4. Was the child’s biological father formerly incarcerated? Yes No
- 5. Does another family member have a history of incarceration? Yes No

If you answered “Yes” to any of the questions above, please explain:

Highest education level completed by the child’s biological mother: _____

Highest education level completed by the child’s biological father: _____

Number of family members in child’s current household: _____

Annual Household Income of student’s current home: \$ _____

Does your family receive Social Services? (Yes/No)

If Yes, please list: _____

Has the family ever had any DCYF involvement? (Yes/No)

If Yes, please explain: _____

Is this child currently receiving counseling services? (Yes/No)

If Yes, please explain: _____

Please list each member of the household:

Name	DOB	Gender (M/F)	Relation to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____