

# 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____