



Healthy Start

Students in Transition Referral / Needs Assessment Form

For qualifying students, SIT provides additional services. SIT works with homeless youth, foster youth and families-in-transition

Please send referral via pony or fax to the designated site below

Children's Resource Center, Phone: 761-6125 Fax: 761-6130
 Cesar Chavez Middle, Amesti, MacQuiddy, Mintie White, Watsonville Charter

Pajaro Family Resource Center, Phone: 761-6633 Fax: 761-6042
 Pajaro Middle, Alianza Charter, Hall, New School, Ohlone

WHS Teen Resource Center, Phone: 761-6131 Fax: 728-6247
 Watsonville High, Diamond Technology, E.A. Hall, Lakeview, Linscott, Renaissance

PVHS Resource Center, Phone: 728-7892 Fax: 728-6931
 Pajaro Valley High, Bradley, Landmark, Mar Vista, Radcliff, Valencia

Rolling Hills Resource Center, Phone: 728-6341 ext 4811 Fax: 728-6288
 Rolling Hills Middle, Calabasas, Freedom, HA Hyde, Pacific Coast Charter

Starlight Resource Center, Phone: 728-6979 ext 5631, Fax: 728-6991
 Starlight, Ann Soldo, Aptos High, Aptos Jr., Ceiba College Prep, Rio Del Mar

Please keep a copy at your site for your records

Person making referral please fill out this section only;

Referral Date: _____

Student Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____ Primary Language: _____

Mother: _____ Father: _____ Guardian: _____

Address: _____ Phone: _____

First and Last Name of Person making the referral: _____

Phone: _____ Fax: _____

Reason for Referral/ Student needs: _____

Healthy Start Staff Only:

Student currently in:

(SE) Special ED (G) Gate (M) Migrant Other: _____

Living Situation (circle whichever best fits family situation):

<input type="radio"/> Public or Private Shelter	<input type="radio"/> Doubled or Tripled up	<input type="radio"/> Unaccompanied Youth
<input type="radio"/> Hotel or Motel	<input type="radio"/> Transitional Housing Program	<input type="radio"/> Substandard Conditions
<input type="radio"/> Foster Home	<input type="radio"/> Campground	
<input type="radio"/> Car or other vehicle	<input type="radio"/> Couch surfing	
<input type="radio"/> Foster Youth		

Services provided: Backpack School Supplies Health Services

Insurance Enrollment Dental Food Counseling Other: _____

Siblings:

1. Name: _____ DOB: ____/____/____ Student ID#: _____
 School: _____

2. Name: _____ DOB: ____/____/____ Student ID#: _____
 School: _____

3. Name: _____ DOB: ____/____/____ Student ID#: _____
 School: _____

4. Name: _____ DOB: ____/____/____ Student ID#: _____
 School: _____

5. Name: _____ DOB: ____/____/____ Student ID#: _____
 School: _____



Un Comienzo Saludable

Estudiantes en Transición / Formulario de Evaluación de Necesidades

Para los estudiantes que califican, servicios adicionales son proveídos. Este programa ayuda a jóvenes que se encuentran sin hogar, huérfanos y familias en transición.

Favor de manda esta referencia por pony o vía fax al centro designado

Centro de Recursos para Niños, Teléfono: 761-6125 Fax: 761-6130
 Cesar Chavez Middle, Amesti, MacQuiddy, Mintie White, Watsonville Charter

Centro de Recursos de Pájaro para Familias, Teléfono: 761-6633 Fax: 761-6042
 Pajaro Middle, Alianza Charter, Hall, New School, Ohlone

Centro de Recursos para Jovenes, Teléfono: 761-6131 Fax: 728-6247
 Watsonville High, Diamond Technology, E.A. Hall, Lakeview, Linscott, Renaissance

Centro de Recursos de la Escuela Secundaria de PV, Teléfono: 728-7892 Fax: 728-6931
 Pajaro Valley High, Bradley, Landmark, Mar Vista, Radcliff, Valencia

Centro de Recursos de Rolling Hills, Teléfono: 728-6341 ext 4811 Fax: 728-6288
 Rolling Hills Middle, Calabasas, Freedom, HA Hyde, Pacific Coast Charter

Centro de Recursos de Starlight, Teléfono: 728-6979 ext 5631 Fax: 728-6991
 Starlight, Ann Soldo, Aptos High, Aptos Jr., Ceiba College Prep, Rio Del Mar

Favor de quedarse con una copia de la referencia

Persona haciendo la referencia completar esta parte solamente;

Fecha de Referencia: _____

Nombre de Alumno/a: _____ Fecha de Nacimiento: ____/____/____

ID Del Alumno/a: _____ Escuela: _____

Lenguaje Primario: _____

Madre: _____ Padre: _____ Guardián: _____

Domicilio: _____ Teléfono: _____

Nombre completo de la persona haciendo la referencia: _____

Teléfono: _____ Fax: _____

Notas sobre la referencia: _____

Para uso de Un Comienzo Saludable solamente

Student currently in:

(SE) Special ED (G) Gate (M) Migrant Other: _____

Living Situation (circle whichever best fits family situation):

<input type="radio"/> Public or Private Shelter	<input type="radio"/> Doubled or Tripled up	<input type="radio"/> Unaccompanied Youth
<input type="radio"/> Hotel or Motel	<input type="radio"/> Transitional Housing Program	<input type="radio"/> Substandard Conditions
<input type="radio"/> Foster Home	<input type="radio"/> Campground	
<input type="radio"/> Car or other vehicle	<input type="radio"/> Couch surfing	
<input type="radio"/> Foster Youth		

Services provided: Backpack School Supplies Health Services

Insurance Enrollment Dental Food Counseling Other: _____

Siblings:

1. Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____

2. Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____

3. Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____

4. Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____

5. Name: _____ DOB: ____/____/____ Student ID#: _____

School: _____