



**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/?PageId=517>
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: \_\_\_\_\_