



Mt. San Antonio College
Child Development Center and Laboratory School

SOCIAL SERVICE REFERRAL & NEEDS ASSESSMENT

Parent's Name: _____ Child's Name: _____

Please check any areas for which you would like additional information.

<input type="checkbox"/>	Education	<input type="checkbox"/>	Employment/Work Permits
<input type="checkbox"/>	Family Counseling	<input type="checkbox"/>	Homeless Resources
<input type="checkbox"/>	Health Services	<input type="checkbox"/>	Grief Support/Hospice/Death
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Legal Assistance/Restraining Order
<input type="checkbox"/>	Child Abuse	<input type="checkbox"/>	Literacy/English as a Second Language
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Parenting Classes & Resources
<input type="checkbox"/>	Emergency Food & Shelter	<input type="checkbox"/>	Pregnant & Parenting Teens
<input type="checkbox"/>	Financial Assistance	<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Housing Services	<input type="checkbox"/>	Single Adult Groups
<input type="checkbox"/>	Alcohol & Drug Abuse	<input type="checkbox"/>	Volunteer Opportunities
<input type="checkbox"/>	Immigrant & Refugee Services	<input type="checkbox"/>	Women's Services
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Youth Activities
<input type="checkbox"/>	Adoption/Foster Care	<input type="checkbox"/>	Family Planning
<input type="checkbox"/>	Child Care Services	<input type="checkbox"/>	Disaster/Safety
<input type="checkbox"/>	Dental Care	<input type="checkbox"/>	Optical Services
<input type="checkbox"/>	Disabled/Special Ed	<input type="checkbox"/>	Anti-Gang Resources
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Vocational Training

_____ I have received information on the item checked.

_____ I do not need social service referrals at this time, but I may request at any time.

Parent/Guardian Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____