

## SEARCH AND SERVE PROCESS

### Child Information:

Name \_\_\_\_\_  Male  Female  
Last First Middle  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Language of Child \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Child lives with:  Parent  Foster Parent  LCI/Group Home  Other \_\_\_\_\_

### Parent/Guardian

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Phone \_\_\_\_\_  Cell  Work  Msg# \_\_\_\_\_ Preferred Language \_\_\_\_\_

### Child lives with [if not parent(s)]

Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Phone \_\_\_\_\_  Cell  Work  Msg# \_\_\_\_\_ Preferred Language \_\_\_\_\_

### Social Worker (if applicable)

Agency \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agency involved:  KRC  CCS  DMH  DHS  Other \_\_\_\_\_

### Previous Program: School

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Placement/Services \_\_\_\_\_  
Placement/Services \_\_\_\_\_ Last IEP \_\_\_\_\_  attached  to be requested

**Reason for referral - please be specific and provide as much information as you can:**

### Person making referral:

Name \_\_\_\_\_ Agency \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### For Office Use Only

Date of Contact \_\_\_\_\_  t/c  mail  fax  person **Received by** \_\_\_\_\_  
**District Residence** \_\_\_\_\_ **District of Service** \_\_\_\_\_  
**SELPA ID#** \_\_\_\_\_

If you need more information, call (661) 636-4817. Fax this form to (661) 636-4810 ATTN: Search & Serve  
Referrals may also be made online at <https://searchandserve.kern.org>